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ABSTRACT

Increasing numbers of diverse families, caught in the web of poverty, are becoming homeless. Homeless shelters have tended to focus on meeting only critical necessities such as food and shelter. However, the needs of the homeless are much more complex and challenging. Homeless families have deep-rooted problems and fractured relationships. Staff and volunteers require training in order to respond effectively to such issues since many do not come to the agency with necessary core knowledge and skills. However, provision of staff orientation and training has been minimal. The primary goal of this practicum was to design a comprehensive orientation training manual that would provide a consistent core knowledge base for all levels of incoming staff and volunteers. The strategy used a collaborative team approach with all levels of staff and volunteers (n=6) within the 10-week implementation period, and was successful. An additional goal, which was not met, was to increase interpersonal skills of current employees and volunteers by 50% as measured by the evaluation forms completed by the participating staff members. Appendices include implementation plan, questionnaires and results, evaluations and outcomes, and a copy of the orientation training manual. Contains 45 references. (JBJ)

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Development of an Orientation Training Manual for Implementation with New Personnel and Volunteers Working in Short Term Transitional Homeless Shelters for Single Parent Families

By

Susan Kates-Doyle

Cohort 4F

A Practicum Report Presented to the
Master's Program in Child Care, Youth Care,
and Family Support
in Partial Fulfillment of the Requirements
for the Degree of Master of Science

NOVA UNIVERSITY

1994

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7/2/94
Date

SRK-Doyle
Signature of Student

Abstract

Development of an orientation training manual for implementation with new personnel and volunteers working in short term transitional homeless shelters for single parents and their children. Kates-Doyle, Susan, 1994: Practicum Report, Nova University, Master's Program for Child Care, Youth Care, and Family Support. Descriptors: Orientation/Staff Training Volunteer/Training Nonprofit/Organizations Homeless/Shelters/Single Parent Families/Staff Volunteer Training.

The trends of homeless shelters has been to meet the critical needs of the homeless such as food and shelter. However, the needs of the homeless are much more complex and challenging. The diversity of homelessness is seeing an increasing number of families caught in the web of poverty. Homeless families have deep-rooted problems and fractured relationships that require trained staff and volunteers to respond effectively to the issues.

Homeless shelters are staffed by a diverse spectrum of professionals, front line staff and volunteers. However, there has been minimal staff orientation or adequate training provided to meet the complex needs of homeless families. The author designed an orientation training manual for all new employees and volunteers. The strategy used included the shelter staff, Volunteers and current literature in the design of the orientation training manual.

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Chapter One

Introduction and Background

The practicum setting located in a rural Western state, is a transitional shelter for homeless single parent families. The founder of the organization is a member of the Holy Cross Brothers and his philosophy became the agency's mission to assist homeless single parent families toward achieving self-sufficiency. In December 1990, the organization, a nonprofit agency began operation supported by private donations, and federal and local grants. The agency is governed by a fifteen-member volunteer Board of Directors that represents a cross section of the community; they meet once a month with the Executive Director.

Staff Profile.

The agency currently employs eight staff members and their levels of education range from high school level to four year college degrees. The Executive Director and the Administrative Assistant maintain their office off-site from the actual shelter site. The Executive Director's responsibilities include administration, grant writing, maintaining the budget and the public relations. The Administration Assistant

assists the Director in maintaining payroll, bookkeeping, clerical and other secretarial duties.

At the main shelter site, supportive services are provided by three social workers and three front line staff. Additional support is provided by volunteers from the community, social work students from the local college and a Vista volunteer.

The professional staff includes the Shelter Director/Case Manager and two part-time positions: the Children's Service Coordinator and the K-12 Program Manager. The Children Service Coordinator is responsible for the children's assessments, the development of program activities and shelter operations when the Shelter Director is unavailable. The K-12 Program Manager helps the children in school by providing tutoring in their homes, supportive services and advocacy services.

The front line staff includes the Shelter Coordinator and two Night Managers. The Shelter Coordinator is a full-time position whose duties include secretarial, administration, coordination of donations, child care, and transportation. The Night Manager positions consist of one full-time person and one part-time person. There is minimal supervision in the

evening's and both Night Manager's work alone at the shelter. The on-call person or the Shelter Director/Case Manager is their contact person. The Night Managers are responsible for cleaning, maintenance and the general monitoring of night activities.

The volunteers and social work students participate in various activities such as assisting staff or parents during the carrying out of program activities, providing community information and support services. In addition, the social work students are provided an agency setting to experience and learn skills in their field of practice. The Vista Volunteer currently assigned to the agency is researching and developing an aftercare program for former residents.

The Practicum Project.

The practicum project is being carried out by the Shelter Director/Case Manager. The Shelter Director/Case Manager is a full-time social worker whose immediate supervisor is the Executive Director. Four years ago as supportive services were being developed, the author joined the agency as Case Manager. As the agency grew in staff the author became Shelter Director and Case Manager. The Shelter Director/Case Manager is responsible for the daily operations of the shelter,

including supervision of shelter employees and resident case management. Case management at the shelter site can include crisis intervention, advocacy, teaching, referrals, program development and community networking An Overview of Homelessness and Supportive Services.

The homeless families are referred from local and state wide agencies, such as safe houses, churches, state agencies and individual members of the community Invariably, there is a waiting list as this shelter is the only one of its type in the state.

The homeless shelter houses seven single parent families, and to date all head of households have been female. The families are predominantly white (90%) with the remaining families (10%) consisting of Native American, African American and Hispanic family members. Each family lives in a single furnished apartment and remains at the shelter until they find affordable housing. The shelter maintains a time limit of ninety days for residents to remain at the shelter. However, families are not required to move within the ninety days since most families are waiting to move into low income housing. Most families move into low income housing within a two to nine months period.

While the families remain at the shelter, the staff provide supportive services that include supplying food and clothing, providing medical assistance and transportation. Additional support services include information and referral on basic daily living skills, parenting, education, nutrition, counseling and employment.

The shelter setting serves as a "laboratory" (Ziefert & Brown, 1991, p. 219), providing an opportunity for staff to observe, role model and make suggestions in helping families move toward self-sufficiency. The staff and the family join together to develop a case plan, and identify the family's needs and goals. The goal of this process is the development of a trusting partnership between the family and the staff. As clearly suggested in the literature the agency staff are also required to be knowledgeable and sensitive to the multiple complex needs and challenges of the homeless families (Cooper, 1982; Blankertz, Cnaan, White, Fox, Messinger, 1990; HomeBase, 1993). As a result, of effective staff competencies a continuous supportive relationship, built on trust, is intended to provide the families the type of support needed to become self-sufficient.

Homelessness is not only the result of poverty and limited affordable housing, there are additional factors that increase some families chances of becoming homeless. These factors, documented by the agency and similarly described in the available literature include mental illness, chemical dependency, family violence, child abuse, child neglect, inconsistent education, and unemployment (Haus, 1988).

The shelter residents reflect the three stages depicted by Zeifert & Brown (1991). Zeifert and Brown suggest that the homeless population consists of three different groups: the first group is the "chronic homeless," (p. 214) who are living on the streets and have been homeless for over a year. The second and third groups are similar to the majority of families housed at the practicum site. The second and third groups consist of either the "episodically homeless," (p. 214) who move in and out of shelters diagnosed with mental illness, or the "situationally homeless" (p. 214) who are experiencing homelessness for the first time. First time homelessness can be the result of unemployment, family violence or the inability to obtain affordable housing.

In addition, to the literature the author has

observed families coming from fractured relationships. The family system breaks down which is the result of deep-rooted problems such as family violence, sexual abuse, drug and alcohol abuse. The nuclear and extended family support system no longer exists, since they have depleted their own available resources. Consequently, families are then forced to seek support from local community social service agencies.

Chapter Two

Study of the Problem

Problem Statement

All new employees and volunteers do not come to the agency setting with the necessary core knowledge and skills needed to work effectively with the homeless single parent population. Staff inexperience in the field of homelessness combined with no formal orientation are contributing factors toward poor interpersonal communication skills and high staff turnover within the agency setting.

Documentation of the Problem

During the past four years the agency has expanded from three professionals to four professionals and four front line employees. All personnel, professionals and front line staff have had no previous experience or training in working with the homeless. During the agencies expansion there had been little attention given to carrying out a formal orientation for all new staff and volunteers. Consequently, the agency did not establish a consistent core knowledge base for all levels of incoming personnel and volunteers. The agency has relied on an informal orientation provided primarily by the Shelter Director/Case Manager. The

informal orientation includes a brief overview of the agency setting and information on the basic requirements for each specific job requirement. There is no specific time period for new employees to familiarize themselves with the work setting. Current practices allow time for new staff to observe existing staff over a period of several days. Once this is completed new staff are then required to perform their duties as assigned.

The practicum site is the first of its kind in the state, therefore, all former and current staff have had no previous experience working with the homeless population. The professional shelter staff are each trained in their field of practice, and each professional brings their own expertise to the agency. The educational backgrounds of the professional staff include state agency social work, elementary education, public health nurse and adolescent group work.

While the professional staff have come to the agency with a formal education, the front line staff come to the agency with limited skills and knowledge and with no previous training or work experience in the human service field. The employment backgrounds

of front line staff include janitorial work, bartender, apartment managers, short order cook, jail custodian, college students, and retired homemakers. The author has documented evidence of poor interpersonal skills and the inability of front line staff to set appropriate professional boundaries between themselves and the shelter residents. Untrained workers unfamiliar with maintaining the professional - client boundaries become caught up in inappropriate interaction between themselves and certain residents. When a staff person appears to become overly friendly with a resident, such interaction invariably results in tension and jealousies between other residents. During further observations personnel were heard exchanging words with the clientele in a demeaning and authoritarian manner. This form of communication causes misunderstanding, pressure and conflict that results in the inability to build strong relationships between staff and clients. Consequently, the literature firmly supports the idea that core concepts should be established in the training practices of all levels of staffing.

A formal orientation is an important component

to any work setting as it is the key determining factor in preventing staff turnover. In addition, the literature suggests this is the basis for positive interpersonal communication between professionals, front line employees and their clients (Zappe, 1981; Fenichel & Eggbeer, 1990).

Analysis of the Problem

The need for support services for the homeless are growing as the awareness of homelessness becomes more apparent. Compared to other social problems, homelessness is still in the early stages of development (Bassuk, Carmen, Weinreb, Herzig, 1990; Zeifert & Brown, 1991). In most homeless shelters agency employees vary in educational backgrounds. Shelter employees range from Master level professionals to front line staff who have had the least training or work experience in the field of human services.

Helping homeless single parents and their children require a diversity of skills and knowledge. The need for diversity of employee skills and knowledge is further increased when the shelter support services are affected by budget constraints. This results in the staff needing multiple skills to cope with the on going

needs of the homeless (Riley, 1984). Therefore, budget constraints and lack of training are not conducive to effective employee performance.

Documentation of formal staff orientation or training for homeless shelters is scarce (Bassuk, et al., 1990; Cowan, personal communication, February 4, 1994; Long, 1988). Since many programs are inadequately funded, most agencies provide minimal orientation and maintain infrequent training practices (R. R. Stains personal communication, January 3, 1994).

Evidence shows that few homeless shelters recognize and furnish crisis intervention training. Most agencies practice informal training that takes place in response to a crisis situation. Consequently, if a problem arises at the shelter the staff or supervisor will meet and problem solve the specific situation (Massachusetts Coalition, 1981; Ettorre, 1988; Morrow, 1991; HomeBase, 1992).

Due to the diversity of homelessness all levels of shelter staff need to achieve the fundamental competencies in knowledge and skills to provide effective supportive services. In addition, Stuck (1992) recommends employee orientation to include

familiarizing the new employee's with the agency, its purpose and to include each employee's role within the agency setting.

Based on current practices at the practicum site the practicum agency can identify with the present trends of most homeless shelters. The present informal orientation does not provide adequate information or teach the necessary skills to incoming staff to effectively interact with the homeless families at the shelter. To meet the demands of the residents and support the additional shelter staff employees are hired and immediately placed in the work setting. Without adequate orientation the probability of high staff turnover and inappropriate interpersonal skills will continue as a result of inadequately prepared staff.

The author agrees with the literature (HomeBase, 1992) that inexperienced personnel combined with no formal orientation, are factors indicative of poor work performance, conflict and high staff turnover. Egan (1986) further cautions that untrained helpers can cause damaging relationships that impair the level of trust needed in the worker - client relationship. Therefore, there is a need for effective orientation and

maintaining continuous training programs within all levels of helping professions.

The implementation of an orientation for all incoming new staff and volunteers can help minimize inconsistencies within the agency setting. An orientation will ensure that each member of the organization receives a consistent formalized introduction to the agency. A basic introduction will prepare all levels of staff and volunteers for the varied settings found within a homeless shelter.

The multitudinous settings staff experience within a homeless shelter can become overwhelming to an inexperienced worker. Consequently, staffing problems are in part due to ill-prepared workers or volunteers. The practicum site does not maintain an exit form upon the termination of employees. However, informal documentation of verbal comments by previous ill-prepared employees provides documentation similar to the literature cited on staffing problems in homeless shelters (Stuck, 1992; HomeBase, 1992).

Documentation collected by informal unannounced observations by the author demonstrated problems such as the inability to successfully complete basic job

requirements; violating confidentiality; negative and demeaning interpersonal relationships between staff and residents. In addition, shelter staff gave various explanations, such as the night shift's concern of security while alone late at night in a low socioeconomic sector of town, night/weekend hours, low wages and minimal benefits. Several employees indicated they were unaware of the monumental problems connected with homelessness. Finally, six employees were terminated by the agency due to poor working skills, inappropriate behavior, and violation of agency policies.

In the literature similar problems have been documented to support poor interpersonal skills among all levels of staff working in homeless shelters (HomeBase 1992). A study completed by The Stanford Center (1991) cited homeless persons experienced the highest verbal abuse from agency staff and not from the public. The recommendations by The Interagency Council on the Homeless (1991) advocate staff to be "supportive and nonjudgemental" (p.28). However, there is sufficient documentation to support evidence of poor interpersonal skills between staff and homeless

populations (Morrow, 1991; Radosh, 1992). Inappropriate interaction between front line staff and the residents typically displays minimal competencies in experience, level of education and further exemplifies the importance for employee orientation and training (HomeBase, 1992; Haus, 1988).

In analyzing the agency problem the author at the practicum site realizes a staff orientation training program needs to be in place. Given the multiple demands placed on all levels of staff the manifestations previously discussed of not carrying out a formal orientation can be insurmountable. There is evidence by the author to suggest that incoming staff are not aware of the factors or the characteristics that surround the homeless population. However, the area of difficulty most frequently encountered are poor interpersonal relationships between the front line staff and shelter residents. This results in ongoing conflict and minimizes the probability of, "a partnership that creates the medium for effective work with families" (Dunst, Trivette & Deal, 1988, p. 52).

Due to the scarcity of literature on homelessness and staff orientation, the author reviewed literature

within the topics of training volunteers', staff competencies, staff development training, stress and burnout. The literature suggests staff orientation training should be an important aspect of any work place (Shapiro, 1985; Pines & Aronson, 1988; Fenichel & Eggbeer, 1990; Herman, 1990). However, Ettore suggests (1988) that the evidence shows staff training does not always take priority within social service agencies. Therefore, the discrepancy between the importance of training versus no training is often associated with: 1. Small numbers in staffing, 2. Lack of adequate funding, 3. The increasing demands of the clients that often dictate the immediate needs of the staff (Levinson, 1987).

In summary, the literature supports the importance of staff orientation and training. Informal documentation at the shelter site shows evidence of inadequate basic skills and knowledge by staff in working with the homeless population. An orientation would provide a core knowledge base for all incoming staff, at all levels. This would enhance their knowledge and skills for working with the homeless. A consistent core knowledge base should help staff to work

effectively and provide a setting for a trusting relationship between the staff and the resident. This will minimize the conflict that is often the result of staff inexperience and poor interpersonal skills.

Chapter Three

Goals and Objectives

The goal of the practicum is to design a comprehensive orientation training manual for all levels of incoming staff and volunteers. The goal is to provide a consistent core knowledge base for all staff levels and volunteers. The purpose of the manual is to promote staff and volunteer consistency in the philosophy and overall goal of the organization. To emphasize a non-deficit model and to develop staff/volunteer awareness in effective staff-resident interpersonal relationships.

Based on the goal statement, objectives are identified as follows:

Objective One

To identify and develop the contents of an employee/volunteer orientation training manual using a collaborative team approach with all level staff and volunteers within the ten-week implementation period.

Objective Two

To ensure all incoming employees and volunteers a consistent orientation training manual. To increase the consistency in the core knowledge base of the

overall goal and philosophy of the organization.

Objective Three

To increase the knowledge and interpersonal skills of current employees and volunteers by 50% during the development of the orientation training manual. This will be measured by the evaluation forms completed by the participating staff members throughout the ten week implementation period.

Chapter Four

Solution Strategies

Review of Existing Programs, Models and Approaches

The literature review provided many studies and recommendations on the importance of staff orientation and training within the work setting. However, in the field of homelessness there was minimal literature available on staff orientation for personnel working in homeless shelters. The types of work settings that provided information included Head Start programs, family violence shelters, volunteer training and staff management in the business sector.

In addition, to the literature being dormant on staff training in homeless shelters, it was impossible to locate a shelter similar to the practicum site. Thus, all the literature and personal contact is based on shelters dissimilar in size, program, location, ethnic and racial backgrounds. The shelters that were contacted by phone were programs in large cities working with various populations, specifically ethnic minority families, single parent families, intact families, single men and women.

It is clear from the literature search and the

personal phone contacts that homeless shelters do not provide adequate training for personnel of all levels of education. Therefore, during the development of the staff orientation manual there were several factors to consider. These factors included reviewing existing available programs, the importance of an orientation manual, the importance of staff involvement in the design of the manual, and the importance of competent staff.

Existing Programs

In the program manual prepared by The Better Homes Foundation (1990) they refer to their own organization and the Travelers Aid Society of Boston concerning staff orientation and the homeless population. R. R. Stains (personal communication, January, 18, 1994) Director of Training at The Better Homes Foundation acknowledged there was little information available for staff training or orientation to assist personnel working in homeless shelters. Stains indicated that The Better Homes Foundation offers a training program called The Better Homes Technical Assistance Package (TAP). However, due to the program's high cost most agency's budgets are not tailored to access the training material their program offers.

A further contact, made available from the information provided by The Better Homes Foundation identified HomeBase located in the Bay area of California. The agency's purpose is to meet the legal needs of the homeless population in California. In addition, HomeBase provides information, advice, training and technical assistance for agencies and communities seeking to end homelessness (K. Cowan, personal communication January 17, 1993). From this resource the author found additional literature in relation to staff orientation and training that further supported the need for staff and volunteer orientation.

This information also supports that homeless shelters do not provide adequate staff orientation. The information suggests that shelter staff rely on informal training versus formal training. Shelter staff are generally hired and placed immediately in the work setting. It is only when a crisis occurs that staff involve themselves in crises' management and process the incident as support for one-another (Haus, 1988; Ettore, 1988).

Additional information based on the literature provided by Radosh (1992) lead the author to the

Salvation Army in Dallas, Texas. Elizabeth Woods, public relations director at the Dallas Salvation Army (personal communication, February, 15, 1994) provides a program for the Salvation Army organization. The program, which is only available through the Salvation Army is a simulation for participants, such as service providers to understand and feel the frustrations the homeless population experience when they access social service agencies. The program called Homeless Experience and Resource Training Simulation (HEARTS) is a "homeless version of How To Host A Murder" (Radosh, p. 18). The players are provided with a homeless person's profile and then they move from one agency to another as they role play with other players in seeking certain services. During this process they are randomly given fate cards that might say "Good news! You found shoes in a garbage can" (Radosh, p. 19). Although, there is some fun the program is designed to be a serious experience. According to Woods participants frequently leave the game emotionally upset and angry as they experience first hand how it feels to be treated as a homeless person.

A family violence shelter in the same community as the practicum site uses a similar simulation for staff

and volunteer training called Lifeline. Participants receive directions from specific positions and when the participants do not arrive at their locations by the end of the game they will die. According to the Shelter Director (Bratten, personal communication February, 24, 1994) this simulation has a similar effect as the HEARTS program. Bratten states the program is designed to provide skills in interpersonal relationships, to experience what it feels like to be treated according to specific stereotypes and explore issues on cultural diversity. In addition, participants experience the feeling of not having control over how they are being treated and the participants leave the program frustrated and angry.

Unlike the Salvation Army simulation, Bratten said their program is available for anyone to use. Both programs are excellent demonstrations for social service providers to examine their own skills in interpersonal communications, to experience the need for sensitivity, understanding and to be supportive in the work setting.

The Importance of an Orientation Manual

A review of the available literature suggests the purpose of staff orientation is to provide new staff with

consistent information that the agency regards as important. Outlines for staff orientation such as Greger & Yandle (1983) present includes information on the mission statement, philosophy, agency history, organizational structure and policies. An orientation should provide the worker or volunteer with the basic skills and knowledge necessary to perform their duties effectively. An orientation should also build on the existing experience, knowledge and skills the worker brings to the homeless shelter. Orientation should provide information for incoming workers or volunteers to establish a collaborative team approach with his or her co-workers.

Orientation should provide all incoming employees with the appropriate information and competencies to interact with the population within the shelter setting. These competencies include the ability to establish a positive, trusting relationship with the client, a basic understanding of homelessness, positive interpersonal skills, the ability to support and respect each family's uniqueness and cultural differences (Cooper, 1982; Kagen, Weissbourd, Zigler, 1987; Weissbourd, 1987).

Given the multiple demands placed on the shelter

staff, a basic core knowledge orientation should reflect the standards and philosophy of the agency. In addition, training should provide information on problems the employee may encounter at the shelter, provide effective coping strategies, supportive networks and a clear understanding of the professional-client relationship (Pines & Aronson, 1988).

Staff Involvement in the Design of an Orientation Manual

A key aspect of developing an orientation training program is staff involvement in the design of the manual. This approach is important to ensure a high probability of staff support and to maintain consistency in achieving the agency's mission. The literature provides sufficient documentation supporting the importance of staff participation in the decision making process (Cooper, 1982; Ettorre, 1988; Walton, 1992; Stuck, 1992). Watkins & Durant (1987) recommend all levels of staff work together, this minimizes competition and enhances mutual respect. Collaboration of all levels of staff within the agency increases staff acceptance toward change and exemplifies the importance of staff participation.

Consequently, staff motivation and acceptance of the orientation training manual is increased when common

goals are identified in a supportive environment. A supportive team approach communicates that each member of the staff is a valued contributor to the organization (Kostelnik, 1980; Johnston, 1984; Scallon, 1987; Garner, 1988).

The literature provides ample evidence that participants display a stronger motivation in promoting a program when their knowledge, skills and expertise are involved in the design of a program (Garner, 1988; Herman, 1990; Wilson, 1976). This process includes all levels of staff in the development and final approval of the orientation. A nonhierarchical and nonauthoritative role produces a positive and an effective team approach. Agencies need to include everyone in the planning such as clients, volunteers and staff. Wilson (1976) writes that the clients are the reason for our services, therefore, plan "with" the receiver of services versus "for" the receiver of services (p. 182).

To further support an effective work setting Garner (1988) advocates the "Total Team Approach" (p. 111) in staff participation and agency development. Garner's model is based on the premise of an interdisciplinary approach. The interdisciplinary

approach includes all staff of all levels to be part of the decision making and the training of employees. This approach results in effective communication, cooperation and consistency among all levels of personnel. The agency and the clients will reflect the efficiency and the cohesiveness of a team approach.

Herman (1990) also supports the team approach and suggests that each worker undertake a position on the team based on their own needs. Ultimately, the effectiveness of the team is contingent on how each team member works with one another. Therefore, leaders need to know and understand the style of each team member. This will enhance team effectiveness and staff competencies within the agency.

Successful Programs Equal Competent Staff

It is evident from the literature that when successful programs operate with competent staff and work as a team the recipients will receive a higher quality of services (Riley, 1984). Riley (1984) further suggests that research studies show effective staff orientation with on-going training are the principle components to a successful program. An example, provided by Riley (1984) is Head Start's training program- PATHS -

Providing Appropriate Training in Head Start. PATHS is designed to improve staff competency, expand the program's effectiveness and promote community awareness.

According to Stenzel & Feeney (1968) orientation training should include, the strengthening of the total program, emphasize smooth operations, competent and dependable staff. The literature concludes that employee participation in the planning decision making process should promote "longer tenure and high morale among all personnel because the individual is aware of his contribution and personal gain as a worker in the organization" (p.62).

Overall, the evidence indicates that staff participation in designing staff orientation and further training program is a crucial factor for an effective program. Consequently, the orientation training manual developed during the ten week practicum project should provide a core knowledge base for all staff and volunteers. The orientation training manual consists of the agency's mission, philosophy, current policies and the multi-facetted characteristics of the homeless population. In addition, the manual addresses competencies in general knowledge and skills, such as

interpersonal relationships between staff and the residents.

Proposed Solution Strategy

Based on the limited availability of existing orientation training manuals the author relied on available literature and existing programs. In addition, the expertise of current employees, volunteers and residents were utilized to achieve the objectives of the design and development of the orientation training manual.

From the information culled three key phases were highlighted in the design of the orientation training manual. The three key phases were, staff involvement, the literature review and the evaluations. Therefore, the solution strategy was based on the following three phases to be attained during the ten-week implementation period.

Phase one involved obtaining formal information from the existing staff, volunteers and residents. The staff and volunteer questionnaire (see Appendix B) solicited information to include the participant's individual assessment of the needs and content of an orientation training manual. In addition, the questionnaire focused

on their previous experience and knowledge in the field of homelessness.

The resident's questionnaire (see Appendix C) focused on interpersonal relationships with employees. Residents were required to comment on their personal experience when interacting with staff and volunteers.

Both questionnaires were distributed personally by the author and a volunteer. The results of both staff and resident questionnaires provided information that was shared with all participants assisting in the design of the orientation. The information gathered from both questionnaires helped identify and support the content, format and length of the orientation training manual.

The second phase included the literature that was documented in the proposal. The literature was available to all participants and provided additional information to assist and enhance in the development of the orientation training manual. Since all staff were previously untrained in the field of homlessness the literature provided an overview of existing programs, homeless family dynamics, interpersonal skills and collaborative staff team work.

The literature focused on the following four themes that emphasized the qualities of a successful program based on an effective orientation training manual:

1. A non-deficit model that builds on the strengths of the families and establishes a trusting partnership between employees and residents.

2. That successful programs are flexible, comprehensive and thorough. In addition, employees are "skilled, committed professionals who establish respectful and trusting relationships and respond to the individual needs of those they serve" (Scour, 1989, p. 259).

3. To see the helper as an "enabling model of helping" (Bassuk, 1990, p. 29). Employees should serve as models for the residents and develop positive attitudes toward the homeless population. All levels of employees should demonstrate effective interpersonal skills to achieve a collaborative trusting relationship with the residents. The Interagency Council (1991) suggest that all employees be nonjudgemental patient, sincere, supportive and flexible.

4. To provide information emphasizing team work and collaboration in the decision making process.

The third phase included the evaluation process. Three separate evaluations (see Appendices D, E and F) were implemented during the ten-week period. The first two evaluations (see Appendices D and E) evaluated staff and volunteer awareness and knowledge they acquired during the two group sessions. All agency staff were to participate in the group sessions. Both sessions reviewed and discussed the questionnaires (see Appendices B and C) and additional information on personnel/resident interpersonal relationships. The group sessions also included participants opinions on the collaborative group process and how they valued their participation during the development of the orientation training manual.

The third and final evaluation (see Appendix F) evaluated the completed orientation training manual. The questions addressed the content of the manual and additional knowledge learned by the participants during the process of the development of the manual. The evaluation provided information on the overall satisfaction of the orientation training manual. Evaluations were developed to measure, reinforce and provide feedback to the effectiveness of the sessions (Crueler, 1986; Cooper & Hernia, 1980; Halve & D'Ercole

1990). Therefore, the final evaluation provided feedback for the author to asses the effectiveness of the ten week implementation period.

Final approval of the orientation training manual (see Appendix G) was not implemented since all participants showed their approval in the final evaluation form (see Appendix F).

The strategies were chosen to provide an opportunity for staff to gain knowledge in collaboration and team work in a nonauthoritative and nonhierarchical setting. Staff were also encouraged to contribute toward the decision making process, gain knowledge in effective interpersonal skills and develop a sensitivity to the needs of the homeless. In addition, employees and volunteers were to increase their knowledge on the dynamics and characteristics of homelessness. A guide book published for staff and volunteers working in homeless shelters (Columbia University, 1988) advised measuring progress in small steps and they further suggested that service providers "will do best by rearranging 'your' expectations in these cases, rather than making value judgments about the guest" (p. 17).

In conclusion, the author of the practicum was responsible for the cost and coordination of all materials and activities. The author was also responsible for providing the orientation training manual. Upon the acceptance of the orientation training manual by the Board of Directors, employees, and volunteers all costs for the future implementation of the orientation training program will be included in the agencies budget.

Chapter Five

Action Taken and Results

Review of the Problem and Solution Strategy

As stated in the problem statement all new employees and volunteers do not come to the agency with the necessary core knowledge and skills needed to work effectively with the homeless single parent population. Staff and volunteer inexperience in the field of homelessness combined with no formal orientation are contributing factors for poor interpersonal communication skills and high staff turnover.

The ten week practicum implementation (see Appendix A) was modified and completed within the time frame. As earlier reported in Chapter Four the solution strategy involved three key phases toward developing the orientation manual, a) a collaborative team approach to include staff, volunteers and residents in the design and content of the manual, b) participants review and discussion of the current available literature and c) the implementation of evaluations to measure the amount of knowledge acquired and to provide feedback for the author during the implementation period.

As researchers have previously noted few homeless shelters recognize or furnish formal orientation for

incoming staff and volunteers (Ettorre, 1988; Morrow, 1991; HomeBase, 1982). Consequently, the implementation phase was based on existing information in various settings.

Phase One - The Collaborative Team Approach

Participation by staff and volunteers was encouraged throughout the ten week implementation period. The literature strongly suggests that staff participation is crucial for an effective program (Stenzel & Feeney, 1968). During the first two weeks all current staff and volunteers within the agency were required to complete a questionnaire (see Appendix B). The questionnaire was administered to each participant by the author and a volunteer. All responses were confidential and no names were associated with the questionnaires. The questionnaires were completed by phone or participants were required to complete the form at the shelter office. The total sample was 13 female (n=13). Their education level comprised of one (7.7%) 4th grade level; two (15.4%) high school level; three (23.1%) high school plus one to two years college courses and seven (53.8%) four year college degrees. The questionnaire was designed by the author to provide information on, a) staff and volunteers previous experience and knowledge in the field of homelessness b) staff and volunteer awareness in

interpersonal communication and c) an assessment of the needs and content of an orientation training manual.

The information culled from the staff/volunteer questionnaire provided the foundation for the contents of the orientation training manual. Overall, the questionnaire validated previously obtained information that most staff and volunteers (84.6%; n=13) had not had any previous experience working with the homeless. However, one finding did contradict previous informal data collected by the author. Question nine, "Have you ever felt you mishandled a crises situation at the shelter? Specifically with residents." This question did not reflect past observations, the data showed only 15.38% responded with a "yes" and 46.15% said "No." The rest 38.46% responded with "not apply." The findings from this questionnaire should be interpreted with some degree of caution. The sample size was small and did not reflect the opinions of previous employees. In addition, the author was seeking additional data on interpersonal conflicts with staff and residents, therefore, it is possible that the respondents were not clear on the definition of a "crises situation."

The questionnaire also required participants to provide information on what they felt should be included

in the orientation training manual. Participants suggested basic information on policies, programs and an overview of homelessness. In addition, there was a high interest in staff and resident interpersonal relationships, specifically professional boundaries between staff and residents.

In addition, to the staff questionnaire the shelter residents were required to complete a questionnaire (see Appendix C). The purpose of the resident questionnaire was to obtain information in regards to resident/staff interaction. As previously stated in Chapter Two the author gathered information by informal observations of staff and resident interaction. This method of gathering data was based on Epstein and Tripodi's (1977) reference to "observational research" (p. 43) as useful techniques for administration and program planning. The informal observation method provided a setting for the author to observe interaction in their natural setting between staff and residents.

The previous informal recorded observations noted interpersonal conflict and a lack of understanding of appropriate professional boundaries between staff and residents. In addition, the literature reviewed also reports resident/staff conflict within the shelter setting

(The Stanford Center, 1991). Therefore, the purpose of the resident questionnaire was to obtain information from the residents to substantiate poor interpersonal communication between staff and residents.

The questionnaires were distributed to the residents by the author and a volunteer and completed questionnaires were placed in a file to maintain anonymity. All responses were confidential and no names were associated with the questionnaire. The total sample was 7 female (n=7), ranging in age from 19 years to 28 years. The small sample size reflects only the current residents and not previous residents.

The data collected from the resident questionnaire did not completely support previous observations of poor interpersonal interaction. The findings, (see Appendix C) however, were divided, as in question #2 Does the staff/volunteers respond positively toward you? 57.1% (n=7) stated "Yes" while 42.9% responded with "Usually." Question #3, also produced a divided response, Do you find it difficult to communicate with the staff/volunteers? 57.1% = "Occasionally," and 42.9% = "Never." However, question, #4 Is there conflict between you and the staff/volunteers, indicated a more positive relationship

between staff and residents, 71.4% = "Never"and 28.6% = "Occasionally." Question #9, Is there a trusting relationship between you and the staff/volunteers resulted in 42.9% = "Always;" = 14.3% = "Usually;" 14.3% = "Occasionally" and 28.6% = "Never". Influencing factors which might effect the answers to question #9 is the amount of time a resident has lived at the shelter. The questionnaire did not ask for the residents duration of residency. This factor would be indicative of the trust level a resident would have of the staff. A new resident would probable not trust a staff person versus the resident who had lived at the shelter for three months or longer. Other than question #9 the data collected was similarly divided as in the previous questions, #2 and #3.

Throughout the data gathering process the staff and volunteers were required to participate. The two group sessions were held one week apart for one hour. It was agreed the best time for total staff participation was to meet during the regular staff meetings - once a week. This time was chosen due to the staffs various schedules of the day and night shifts. In addition, to the agency's size of only eight employees and a small number of volunteers, holding several group sessions for each

shift would be counter-productive to the collaborative group process.

The first group session included an overview of the proposal; a review of the employee/resident questionnaire on the content and outline for the orientation training manual; and discussion of the existing literature in the field of homelessness. During this period there were no residents participating as originally planned. It was generally agreed by participants not to include the residents through this stage. However, in the future it would be strongly recommended to include a resident or preferable an ex-resident. An ex-resident would be preferable as their life is in a more stable stage compared to when they first move into a shelter setting.

The second group session included discussion on the results of the resident questionnaire and interpersonal communication. This session provided information on staff and resident interpersonal communication. The results of the resident questionnaire stimulated a heightened awareness on resident/staff relationships. At the conclusion of both sessions evaluation forms were distributed and collected by the author (see Appendices D & E).

Phase Two - The Literature Review

The literature review was important throughout the developmental process. The literature review provided information on homelessness, interpersonal skills and the advantages of the collaborative staff team approach. The current literature validated the shelters operation and programs with other shelters. This phase was intended to provide additional education and skills for staff in the field of homelessness.

Phase Three - Evaluation Process

The evaluation process consisted of three evaluations (see Appendices D, E and F). The evaluation forms were implemented for feedback to the author and to measure the amount of information and skills acquired by staff and volunteers during the group sessions. The intent of the first evaluation form (see Appendix D). was to gather data during the group sessions on: 1. the amount of new knowledge and skills acquired by participants and 2. obtain feedback on the collaborative group process.

The findings showed 100% (n = 5) of the participants were interested in the session. Unfortunately, questions #2 and #3 did not produce the

data the author had planned. Question #2 Did you learn any new knowledge about the homeless population? "Yes" = 0%, "No" = 80% and "Unsure" = 20%. Question #3 - Did you learn any new skills that you can use in your work setting "Yes" = 45%, "No" = 10% and "Unsure" = 45%. A possible interpretation of the findings in questions #2 and #3 were that the questionnaire terminology, "skills" and "knowledge" should have been more specific. The questions should have used key words like, the "characteristics" of the homeless; staff "roles;" the "purpose for an orientation training manual," "policies," "philosophy" and the "collaborative" team approach. Questions #4 and #5 in reference to the collaborative group process was unanimously 100% positive. Overall, the feedback from the evaluations supported the group process and in general everyone felt that their input was important.

The second Evaluation Form #2 (see Appendix E) provided similar information and feedback. However, there was increased feedback on interpersonal communication. The findings of the second evaluation proved to be more positive than the first evaluation. Once again there was 100% (n=5) interest in the session.

45% of the participants felt they had learned additional knowledge, 10% did not acquire any knowledge and 45% were unsure. However, 90% of the participants did acquire additional skills to take back to the work place such as, to be more cognizant of others, practice positive communication, show respect to others, understanding and patience with the residents. Similar to the previous evaluation there was once again 100% support of the collaborative team approach.

The Final Evaluation Form (see Appendix F) provided feedback to the author on the final orientation manual and included feedback on the collaborative team approach. Once again not all staff were available due to vacation leave, however, 100% (n=5) agreed to the importance of the collaborative group participation, 100% approved the manual.

Results of Goals and Objectives

The overall goal of the practicum was to design an orientation training manual for all levels of incoming staff and volunteers. In order to meet this goal three objectives were identified as follows:

Results of Objective One

Objective one was to identify and develop the

contents of an employee/volunteer orientation training manual using a collaborative approach with all level staff and volunteers.

This objective was achieved by first implementing the Employee and Volunteer questionnaire (see Appendix B). All participants responded providing ample feedback on the contents of an orientation training manual. This process proved to be beneficial for all participants since their individual contributions provided excellent feedback for the manual content. Therefore, this objective was achieved.

Results of Objective Two

Objective two was to ensure all incoming employees and volunteers a consistent orientation training manual. This would increase the consistency in the core knowledge base of the overall goal and philosophy of the organization. During the ten week implementation period there was no time allowed for actual orientation training. However, in the final evaluation the current staff agreed that all future staff would begin work at the shelter with a basic knowledge on the dynamics of homelessness, and the agency's philosophy, policies, and procedures .

During this phase the agency established a uniform procedure in agency policies, procedures, and philosophy. The agency programs were examined and updated to meet program goals. The orientation training manual (see Appendix H) also included essential information on homelessness for all incoming staff and volunteers as recommended by current staff and volunteers.

It can be concluded that this objective was achieved.

Results of Objective Three

Objective three was to improve the knowledge and interpersonal skills among current staff by 50%. The results of this objective were not as clear as the two previous objectives.

Based on the cumulative scores of both evaluation forms #1 and #2 the results of the study revealed the following information on "knowledge" and "skills" acquired by staff and volunteers. The following participants scores indicate the acquired "knowledge" gained during the implementation period as follows: Knowledge gained, "Yes" = 20% (n=5); "No" = 60% and "Unsure = 20%.

Therefore, this objective was not achieved.

The following participant scores indicate the acquired "skills" gained during the implementation period as

follows: "Yes" = 60% (n=5); "No" = 20% and "Unsure" = 20%. Therefore, this objective was achieved by 10%.

Deviations of Proposed Strategy

The main deviation during the proposed strategy was not to include the residents during the actual collaborative team approach. This decision was based on the unfamiliar concept of staff and clientele working in a collaborative setting for program decisions. It was further decided that ex-residents would be appropriate since their lives would be more stabilized.

Additional changes were made to the final evaluation forms (see appendix F). Questions referencing the residents participation were excluded from the form. The Orientation training manual final approval (see Appendix G) was not implemented. The author decided not to use this form since the Final evaluation (see Appendix F) provided the necessary staff approval. In addition, the Board of Directors will have final approval of the implementation of the manual within the agency setting.

Difficulties Encountered During the Implementation Period

During the ten week implementation period several difficulties were encountered. This included total staff participation during the group process and second

adequate feedback on the evaluations.

In order to emphasize the collaborative approach it was important to include all staff at the same time. However, during the group sessions not all staff were present, due to vacation leave, sickness or other obligations. Invariably, there may have been only five or six participants which provided small numbers for data collection.

Comparisons with current literature

In making comparisons with current literature there are two key factors, 1..Homeless shelters do not practice formal orientation for incoming staff due to the daily activities of the shelter. 2. Staff collaboration is important within the work setting.

First, as previously noted in Chapter Four the literature has not sufficiently surfaced since proficient information within the field of homelessness becomes enmeshed in the daily operations of the homeless shelter setting (HomeBase, 1992; D'Ercole et al, 1990; Haus, 1988). This similar setting was exemplified during the ten week implementation period. The author found it difficult to maintain the ten week schedule due to the continuous and immediate daily operations of the shelter.

In addition, staff were also absorbed in their daily activities of the shelter setting. This gave little time for prompt completion of the practicum requirements.

Second, a collaborative team approach unquestionable results in providing a stronger motivation in promoting a program when the staffs knowledge, skills and expertise are involved in the design of the agency program. Consequently, a collaborative team approach is important to ensure and maintain consistency in achieving the agency's mission.

Chapter Six

Conclusions and Recommendations

Brief review of Outcomes and their Implications

The completion of the orientation manual assisted by the collaboration of all staff and volunteers was achieved. As suggested by various authors (Cooper, 1982; Ettorre, 1988; Walton, 1992; Stuck, 1992) a collaborative team approach to any program design is important. This approach permits all participants to be a part of the change resulting in staff support throughout the process.

The ten week implementation period demonstrated full support (100% n=6) by the available participants for the orientation training manual. Even though there were difficulties bringing together the entire staff to the group sessions the final results proved to be an overall satisfaction of the orientation training manual.

As a result of this study the organization should benefit from the orientation training manual in several areas. First, the orientation training manual will provide a core knowledge base for all incoming staff and volunteers. This knowledge base provides the fundamental components essential for an effective, cohesive and operational agency. As demonstrated in the

orientation training manual (see Appendix H) the basic contents include, the mission statement, organizational structure, policies, procedures and an overview of the characteristics of homelessness.

Second, the agency was forced to review and update current policies, procedures and programs. During the past four and half years there had not been an established formal organizational chart and oftentimes communication had been relayed ineffectively. Therefore, during the design of the orientation training manual an organizational chart was designed. However, introducing a chart with existing staff resulted in bad feelings.

Several staff objected to the placement of their positions within the chart. Therefore, at this time of printing it has been decided to eliminate the organizational chart until further discussion and evaluation of the agency setting.

Thirdly, during the second group discussion staff were forced to reevaluate their role in the shelter. During the past four and half years of the shelters existence staff and volunteers have frequently displayed inappropriate interpersonal skills. Consequently, the literature, such as the "Acceptance of Others Scale" (Fey, 1955) stimulated self-awareness of all participants

and proved to be an excellent tool for staff discussion. Participants provided similar observations to the suggestions by Cournoyer (1991). That workers in the helping profession must be capable "to accept others who are different in appearance, attitudes, and behavior. He must be able to tolerate and value diversity and to accept others on their own terms" (p. 27).

Recommendations of Practicum Results

For future application of this practicum, the author recommends the following modifications:

a. The author recommends contacting ex-residents to provide a larger sample for the resident questionnaire.

b. Resident questionnaire should include residents length of stay at the shelter. How long a resident has lived at the shelter can effect the level of trust between a resident and staff. This form has been modified for the orientation training manual (see Appendix H). In addition, the resident questionnaire is to be completed by all residents during the residents exit procedure at the shelter. This will provide for a continuous evaluation by the residents of the shelter staff/volunteer performance.

b. Expand the collaborative team sessions. One hour sessions did not allow sufficient time for the session

requirements to be adequately discussed.

c. Revise both evaluation forms. The Evaluation form #1, needs to be specific on what skills and what knowledge? (questions # 2 and #3). The Evaluation form #2 needs to focus on interpersonal skills versus "additional skills" and "additional knowledge."

d. Provide additional time for review and discussion of the orientation training manual's contents. Training videos on interpersonal communication were reviewed by available staff. Comments were encouraged, however, there was insufficient time for group discussion.

e. Educate present staff and seek methods to include ex-residents during the group sessions for their input toward program design.

Dissemination of Practicum Results

Future plans for dissemination of the orientation manual are first, to incorporate the manual in the agency orientation process for all incoming Board members, staff and volunteers. The orientation manual will be the outline for a day long orientation process to include training videos, and first-hand experience in role playing.

Secondly, to provide a continual training schedule for all current staff and volunteers. The on-going

training sessions will provide information based on the feedback received from the orientation evaluations.

Thirdly, the report will be submitted to HomeBase and the Better Homes Foundation. Both organizations provided information and requested a final copy since staff training within the field of homelessness is limited. This report would provide a foundation for homeless shelters to implement an effective orientation for all personnel and volunteers.

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APPENDIX A
Implementation Plan

Implementation Plan

Week One. Activities to be completed during the first week of the practicum:

1. Meet with Executive Director and practicum verifier to discuss practicum goals, objectives and implementation.

2. The author and a volunteer will distribute the staff questionnaire to current all level employees and volunteers (see Appendix B).

3. The author and a volunteer will distribute the resident questionnaire to current homeless residents at the shelter site (see Appendix C).

4. Review and compile current literature to be distributed to all staff in week two.

Week Two. Activities to be completed during the second week of the practicum.

1. The author and the volunteer will collect and compile all staff questionnaires.

2. Review data compiled from staff/volunteer and resident questionnaires. Distribute results of questionnaires to all participating staff/volunteers and residents.

3. Distribute current literature on program

models, and staff training in homeless shelters to all participants.

Week Three. Activities to be completed during the third week:

1. Meet with all employees,and volunteers to discuss and develop an outline for the content, format, length and evaluation of the orientation training manual.

2. Discuss philosophy and goals of the agency with all participants.

3. Discuss the dynamics of homeless single parent families.

4. Complete with all participants the participation evaluation form #1 (see Appendix D). Form #1 is intended to evaluate the knowledge acquired and the participants opinion of the collaborative team approach in the developmental process.

Week Four. Activities to be completed during the fourth week:

1. Meet with all employees and volunteers to discuss interpersonal skills required when working with the homeless population.

2. Allow time for additional comments or recommendations to be included in the manual.

3. Complete with all participants the participant's evaluation form #2 of team progress (see Appendix E).

4. Meet with Executive Director to discuss practicum progress. Make adjustments if deemed necessary.

5. Meet with practicum verifier to discuss practicum progress. Make adjustments if deemed necessary.

Week Five. Activities to be completed during the fifth week:

1. Write the draft orientation training manual.

Week Six. Activities to be completed during the sixth week:

1. Complete the draft orientation training manual.

2. Distribute orientation training manual draft to all staff, volunteers and residents for review.

Week Seven. Activities to be completed during the seventh week:

1. Meet with all staff to review and make recommendations for revision of orientation training manual.

Week Eight. Activities to be completed during the eighth week:

1. Complete recommendations and revision of draft orientation training manual.

Week Nine. Activities to be completed during the ninth week:

1. Distribute final draft of orientation training manual to all staff and participating volunteers.

2. Participants are to complete the final evaluation upon the approval of the final draft of the orientation training manual (see Appendix F).

3. Participants are to sign-off indicating their approval of the orientation program (see Appendix G)

4. Collect and compile data of all evaluations to determine the participants increase of knowledge in homelessness.

Week Ten. Activities to be completed during the tenth week:

1. Distribute approved manual to all staff, volunteers and residents.

2. Meet with Executive Director to review orientation training manual and the evaluation process.

3. Meet with practicum verifier to review orientation training manual.

APPENDIX B
Employee and Volunteer Questionnaire and Outcome

DATE:_____

Employee and Volunteer Questionnaire

Please take a few moments to complete this questionnaire. The questionnaire has been developed to assist in gathering information for an orientation training manual. Your response is important to the development of the orientation training program. Please do not put your name on the questionnaire. The information will remain confidential. Please answer the questions as frankly as possible.

n=13

1. Education level: High school through four year college degrees. Degrees were in social work, business, human services and elementary education.

2. In what ways did you think you were qualified for the position you are currently working:

Overall, respondents indicated that past life experience and education was adequate qualifications.

3. In what ways do you feel you were not qualified for the position you are currently working:

Information provided by respondents included, characteristics and challenges associated with homelessness within the shelter setting e.g. drugs; alcohol; family violence; depression; metal illness; staff interaction with families and the impact on children.

4. Did you have any past experience working with the homeless population?

YES: 15.38% NO: 84.61%

Experience by the respondents included volunteer work and two years working at the same shelter but in a different position.

5. Did you have any past experience working with the mentally ill?

YES: 53.84% NO: 46.15%

Respondents cited experience with families in schools, fostercare, social service agencies and working with emotionally disturbed children.

6. Did you have any past experience working with drug and alcohol abuse?

YES: 38.46% NO: 61.53%

"Yes" respondents cited work experience in human service agencies or personal family experience.

7. Did you have any past experience working with family violence?

YES: 30.76% NO:69.23%

Previous experience included human service agencies and life experience.

8. Do you at any time feel unsafe working at the shelter?

YES: 38.46% NO 53.84%
7.69% replied "not applicable."

Concerns of safety issues surrounded, the low socioeconomic area where shelter is located; interaction between staff and families; and exhusbands or boyfriends coming to the shelter.

One respondent cited "no" but indicated she felt she should "watch" one girl.

9. Have you ever felt you mishandled a crisis situation at the shelter?
   a) Specifically with residents:

YES: 15.38% NO: 46.15%
38.46% wrote in that this did not apply.

Several reasons were given for "yes" this included, one respondent citing she felt she had lost respect due to displaying emotion during a crises, therefore, she had now lost the respect of the resident. Second respondent cited she had mishandled a crises but knew she could later problem solve with the other staff.

The "no" answers stated that in a crises they knew they could contact the Shelter Director or on-call worker.

No reasons were given from the respondents who felt this question did not apply.

   b) Specifically with co-workers:

YES: 30.76% NO:30.76%
38.46% wrote in this did not apply.

Overall, comments included, communication skills with other staff and difficulties in staff team building.

   c) Other:

YES: 23.07% NO:15.38%
30.76% wrote in not applicable
30.76% did not respond

Overall, comments included, poor communication skills when interacting with the residents, such as, talking in a condescending manner; being judgmental, a feeling that residents were disrespectful and ungrateful. The need to

be positive and not negative toward the residents.

10. What information do you wish you had at the time of being hired, that you did not receive?

Two key factors were identified from this question:
1). Information alone is not sufficient. Respondents to the questionnaire cited practical experience as being a necessity.
2). Additional information, such as the dynamics of homelessness and the effects of homelessness on children.

11. Why have an orientation?

Overall, respondents cited information on homelessness and the multiple challenges within the shelter setting; organizational structure; mission statement; basic core information on the philosophy; to provide consistency within the shelter; and to cope with stress.

12. What do you think should be included in an orientation training manual for incoming new employees and volunteers?

The following areas cited by respondents to be included in an orientation training manual:
General information on shelter mission, policies, shelter programs; and organizational structure. Additional information on homelessness within the work setting such as, staff/resident boundaries; hands on experience; role playing activities on communication skills with staff and residents; staff team building exercises; respect towards the residents; and information on local resources and agencies.

13. Any further comments?

Additional comments cited: on-going training for staff and volunteers; overall goals of the agency; the effects on children who are homeless; and comments on the "stereotype" homeless person versus the homeless "family".

sleeping on the sidewalk versus the families seen at the shelter.

Thank you for taking the time to complete the questionnaire.

June, 1994

APPENDIX C
Resident Questionnaire
and Outcome

Resident Questionnaire

Date: _____ .

Please take a few moments to complete this questionnaire. Please answer the questions as frankly as possible. The information you provide will assist the staff to provide a safe and positive environment for you and your children. The information you provide will remain confidential.

n=7

1. Does Seton House provide a safe environment for you and your children?

83.3%	Always
16.7%	Usually
0%	Occasionally
0%	Never

Please explain: Residents cited security and staffing patterns provided a safe environment. However, several residents stated they did not feel safe since personal items had been stolen from their apartment.

2. Does the staff/volunteers respond positively towards you?

57.1%	Always
42.9%	Usually
0%	Occasionally
0%	Never

Please explain: Residents responded stating staff were

nice, encouraging and gave advice. In addition, there were statements reflecting staff "moodiness," however, no further explanations were given.

3. Do you find it difficult to communicate with the staff/volunteers?

0%	Always
0%	Usually
57.1%	Occasionally
42.9	Never

Please explain the difficulties you are experiencing:
Residents responded with issues on trust and difficulties in communicating with certain staff.

4. Is there conflict between you and staff/volunteers?

0%	Always
0%	Usually
28.6%	Occasionally
71.4%	Never

Please explain the type of difficulty you have experienced:
One response cited becoming annoyed with staff, but gave no further explanation. The second response stated she had been on her own since a teenager and did not need advice from anyone.

5. Are you looked down upon by the staff/volunteers?

0%	Always
0%	Usually
16.7%	Occasionally

83.3% Never

Please explain:

Comments included that at times they were looked down upon by staff. One resident cited her age as being the reason for feeling intimidated.

6. Do staff/volunteers play an authoritarian role when communicating with you?

28.6% Always

0% Usually

0% Occasionally

71.4% Never

Please explain:

Comments by residents reflected a positive interaction between staff and residents.

7. Have you been discriminated against by a staff person/volunteer?

0% Always

0% Usually

28.6% Occasionally

71.4% Never

Please explain:

One comment stated she felt certain staff persons were trying to run her life, but also thought her young age was a factor.

8. Are you treated equally by all staff/volunteers?

71.4% Always

28.6% Usually

0% Occasionally

0% Never

If **NO** please explain:
No comments.

9. Is there a trusting relationship between you and the staff/volunteers?

42.9% Always

14.3% Usually

14.3% Occasionally

28.6% Never

If **NO** please explain:
Both comments cited they did not trust staff and most people in general.

10. Is staff/volunteers sensitive to your needs?

71.4% Always

28.6% Usually

0% Occasionally

0% Never

If **NO** please explain:
One resident felt that certain staff did not understand her. Second comment stated they were getting the help needed.

11. Does staff/volunteers create opportunities for you to share your concerns?

85.7% Always

14.3% Usually

0% Occasionally

0% Never

Please explain:
Overall, comments were positive citing group activity, staff availability and attentive to their needs.

12. Do staff/volunteers respect confidentiality?

71.4% Always

0% Usually

28.6% Occasionally

0% Never

If **NO** please explain:
Two residents felt that confidentiality had been broken by certain staff, however there were no further comments.

13. What suggestions do you have for improving staff/volunteer relationships?
Suggestions by several residents included, the need to be treated with respect; staff should be more understanding of certain situations without prying into ones life.

14. Further comments:
Residents responded by stating they appreciated the staff; the need for easier access to a phone; and to be understood.

Thank you for taking the time to complete this questionnaire.

June, 1994

APPENDIX D
Participation Evaluation Form #1
and Outcome

DATE:_____

Participation evaluation form. #1

Please assist in the evaluation by completing this questionnaire. Please answer the questions below as frankly as possible. Your comments are appreciated toward achieving the objectives of the session.
The information will remain confidential.

n=5

1. Were you interested in this session?

100% YES 0% NO 0% UNSURE (check one)

List three key factors that interested you today:
Overall interest included, open staff discussion, interaction; reviewing available material; and improving agency operations.

2. Did you learn any new knowledge about the homeless population?

0% YES 80% NO 20% UNSURE (check one)

Please list three:
No response from all returned questionnaires.

3. Did you learn any new skills that you can use in your work setting?

45% YES 10% NO 45% UNSURE (check one)

List three skills:
Respondents listed, show respect, compassion, tolerance and to be patient.

4. Was there enough opportunity for participation?

100% YES 0% NO 0% UNSURE (check one)

Please explain:
All respondents cited there was enough opportunity for participation.

5. Do you feel that your input was important?

100% YES 0% NO 0% UNSURE (check one)

Please explain:
Respondents agreed their input was important, and made comments that staff validated and listened to each other.

6. What did you like best about the session?

Comments included, staff participation, open and honest communication, and the development of ideas.

7. What did you like the least about the session?

Comments varied which included, too long; negative feedback; focused too long on one person's inexperience; they liked it; and discussion continued after some participants left.

8. Further comments:
No further comments.

Thank you for taking the time to complete the questionnaire.

June, 1994

APPENDIX E
Participation Evaluation Form #2
and Outcome

DATE:_____

Participation evaluation form. #2

Please assist in the evaluation by completing this questionnaire. Please answer the questions below as frankly as possible. Your comments are appreciated toward achieving the objectives of this session.
The information will remain confidential.

n=5

1. Were you interested in this session?

100% YES 0% NO 0% UNSURE (check one)

List three key factors that interested you today:
Key factors were: review of resident responses to the questionnaire; staff input; improving agency.

2. Did you learn any additional knowledge on the homeless population since the last session?

45% YES 10% NO 45% UNSURE (check one)

List three additional facts you learned today:
Additional facts included: request for additional knowledge on how residents feel about shelter; staff and programs; staff realization that residents are less trusting of staff; communication is difficult for residents; and for staff not to be authoritive figures in the shelter setting.

3. Did you learn additional knowledge about homeless shelters since the last session?

20% YES 0% NO 80% UNSURE (check one)

List three additional facts you learned today:
Additional knowledge gained since session one included: awareness by staff of residents feelings and

opinions about the shelter; and information on how other shelter programs are organized.

4. Did you learn additional skills that you can use in your work setting since the last session?

90% YES 10% NO 0% UNSURE (check one)

List three additional skills you have learned:
Additional skills included: heightened awareness on communication, understanding, patience, and conscious of accepting others.

5. Was there enough opportunity for your participation?

100% YES 0% NO 0% UNSURE (check one)

Please explain:
Continued open discussion among the group.

6. Do you feel that your input was important?

100% YES 0% NO 0% UNSURE (check one)

Please explain:
One respondent cited that all opinions were valued.

7. What were the most three important skills you learned in interpersonal relationships?

Overall, staff felt that the questionnaire "Acceptance of Others" (Fey, 1955) should be incorporated in the orientation training manual. In addition, staff awareness of respect and a nonjudgemental approach with the residents is very important for a positive resident/staff working relationship..

8. What did you like best about today's session?

Comments included: results of residents questionnaire; discussion on the "Acceptance of Others" questionnaire; and staff input.

9. What did you like the least about todays session?

The two comments were that not everyone attended the sessions and the evaluation form # 2.

10. Further comments:

There were no further comments.

Thank you for taking the time to complete the questionnaire.

June, 1994

APPENDIX F
Participation Final Evaluation and Outcome

DATE: _____

Participation final evaluation

Please take a few moments to complete this questionnaire. Please answer the questions as frankly as possible. Your comments are appreciated toward achieving the objectives of this session.
The information will remain confidential.

n=5

1. Overall, are you satisfied with the contents of the manual?

100% YES 0% NO 0% UNSURE (check one)

Please explain:
Overall, respondents agreed that manual contained good information.

2. Overall, do you feel the manual will help incoming new employees and volunteers?

100% YES 0% NO 0% UNSURE (check one)

Please explain:
Overall, respondents agreed there was allot of information on homelessness. Therefore, it is important to include updated information in an orientation training manual.

3. Do you think it was important to include all staff/volunteers during the development of the manual?

100% YES 0% NO 0% UNSURE (check one)

Please explain:
Overall, respondents agreed that it was important for staff to be included in the development of the manual. Everyone's input and experience is important, therefore,

all staff should be included in the development of agency programs.

5. Overall, do you think the presenter provided useful information?

100% YES 0% NO 0% UNSURE (check one)

Please explain:
Useful information was provided because the topic homelessness continuous to expand and staff need to be kept updated.

6. Further comments or suggestions:
No further comments or suggestions.

Thank you for taking the time to complete this form. Your participation has been greatly appreciated.

June, 1994

APPENDIX G
Orientation Training Manual
Final Approval

DATE:

Final Approval of Orientation Training Manual

Approved By:

June, 1994

APPENDIX H
Orientation Training Manual

STAFF AND VOLUNTEER ORIENTATION MANUAL

August, 1994

MISSION STATEMENT

To provide housing and support services to homeless single parents with children that will facilitate independence and self sufficiency.

ORIENTATION OUTLINE

Content	Page
Front cover individually designed by the children of Seton House	
Initial Overview of Seton House:	
Brief overview of program	1:1
History	1:3
Organizational Structure	2:1
Board members	2:3
Staff members	2:5
Job descriptions	2:6
Community Partners Program	2:16
Job description	2:17
Responsibilities	2:18
"Working as Part of a Team" Long, L.A. (1988)	2:19
"Comparative Roles of the Helping Person" Family Homestead	2:23
Tour of Shelter:	
Staff Introductions	
Video - "A Home In between: Designing Transitional Housing for Women and Children" National Coalition for the Homeless. (1992)	
Policies and Procedures:	3:1
Staff meetings	3:6
Confidentiality statement	3:7
Donations	3:8
On Call/Pager	3:8
Drug policy	3:9
Personnel policy	3:11
Mileage statement	3:12
Time sheet	3:13
Safety	3.14
Fire drill	3:14
Suicide	3:14
Incident report	3:16

Content	Page
Overview of Homelessness and Supportive Services:	4:1
Video - "Shelter Boy" (15 mins) "The Reporter" Fox Television	
Overview of Seton House Population	4:1
Staff and Volunteer roles in the work setting	4:5
Communication	4:5
Advocacy	4:5
Consistency	4:5
Boundaries	4:5
Confrontation	4:6
Video - "Nonviolent Crisis Intervention: The Preventative Techniques" Vol. I. National Crisis Prevention Institute, Inc. (1993)	
"Acceptance of Others" (Fey, W.F., 1955	4:7
"Relating to Family Members"	4:13
"Understanding Behavior"	4:14
"Setting Limits Long, L.A. (1988)"	4:20
Training Manual and Guidelines for Seton House Children's Program	5:1
"Development in Young Children"	5:11
"Observation Skills"	5:18
"Listening Skills" Long, L.A. (1988)	5:24
Procedure for Incoming Residents:	6:1
"Welcome to Seton House"	6:2
Incoming Referrals (Ex. Director)	
Initial intake (Executive Director)	6:3
Program Services Compliance Agreement	6:7
Rules and Regulations of Seton House	6:8
Resident/Applicant Grievance Procedure	6:10
Residency Agreement	6:11
Emergency Procedures and Maintenance	6:13
Program Services Outline	6:15
"Decatur Place Program"	6:16
"Lifeline" (simulation) Courtesy	

Content	Page
Wyoming State Office/Family Violence and Sexual Assault	6:16a
Procedure for outgoing residents	6:17
Resident evaluation	6:18
Miscellaneous	
Listing of local agencies (frequently used by the shelter)	7:1
Referrals for Homeless Persons	7:2
"Definitions"	7:3
"What is Stalking?" (courtesy Self Help)	7:5
Evaluation of Orientation	7:6
Orientation attendance sheet	7:7
Suggested Readings	7:8
Bibliographies	7:10

June, 1994

Brief Overview of Program

Purpose

To provide temporary transitional housing for seven single parent families until they are able to secure permanent housing through low income or private housing.

To provide support services through on-site case management and community networking.

Philosophy

To provide a non-deficit model by staff and volunteers. A non-deficit model provides 1. A positive family focus directed at building on family strengths rather than directing attention to the families deficits. 2. To emphasize a community-based approach by recognizing the importance of informal and formal social support services.

To empower families toward self-sufficiency by providing a trusting collaborative working relationship between the worker/volunteer and the resident. To allow families to feel in control of their lives, to determine and negotiate their short and long term goals.

Program

Seton House provides seven single-unit apartments for single parent families. Each apartment is individually furnished to equip a family with their basic needs upon entering the shelter. Upon receiving income the family is required to pay 15% of their income toward rent and a $50.00 deposit.

Most families remain at Seton House for up to three months or less until they move into low income housing. After the initial intake and assessment by both the Shelter Director/Case Manager and the Children's Coordinator the families are encouraged to make choices toward achieving short and long term goals.

One-on-one case management is designed to meet the challenges of the individual families. By implementing a team approach, staff provide support services and make referrals for resident families where appropriate. A

positive non-judgmental approach by staff and volunteers is emphasized. Respect and acceptance of all residents is required to achieve a positive effective working relationship.

Seton House staff emphasize networking within the community for supportive services consequently, minimizing the duplication of services. On-site services offered by staff and volunteers include, but are not limited to, individual parenting, life skills, children services and evaluations, budgeting and nutrition. In addition, various groups are offered such as drug and alcohol support groups, single parent support groups and resident house meetings. Seton House programs are continuously being evaluated and improved to meet the changing needs of the families.

June, 1994.

History

In 1988, Brother Raymond Phillips of the Brothers of Holy Cross in Casper (Administrator of St. Anthony's Church) and Mary Patrick (Development volunteer for St. Anthony's) began looking for a way to meet the needs of the homeless in Casper. While most of the needs of single men were being met by the Central Wyoming Rescue Mission, many mothers and their children were coming to St. Anthony's and other churches seeking shelter.

Representing the Brothers on the Natrona County Human Services Commission Task Force on the Poor and Homeless, Mary learned that while all the agencies talked about the problem of homeless single mothers, none of them could provide the needed services. With the encouragement of Msgr. James O'Neill, they began to look at the possibility of a new Ministry to the Homeless.

As Brother Raymond looked at different building possibilities, Mary began the development process. Grant proposals were written and different shelter programs researched. The biggest hurdle they faced was funding. Some of the first buildings offered would have required over $500,000 to renovate, which at the time, was far out of reach for the small new ministry.

Late 1988 was frustrating as the Task Force continued talking about the problem but there seemed to be no solution in sight. Finally, in July 1989, Brother Raymond received the donation of an apartment building which would make a suitable start for the ministry. The building had to be completely gutted and renovated. Larry Vignaroli (Modern Electric) donated all the electrical work and then Brother Ray and a small group of dedicated volunteers began to rebuild.

As the construction began, Mary started intensive fund raising efforts and many donations and grants were obtained. The project would not have been possible without the many contributions of time, talent, and treasure, from the people of Casper and throughout the state. By December 1989 the lower half of the building was complete.

In order to protect the church from liability, Msgr. O'Neill requested that the project become the responsibility of an ecumenical non-profit corporation. Ecumenical representation would allow other churches to participate in the ministry. Incorporation would allow the project to receive government funds and United Way support. A large Board of Directors would provide many helping hands for fund raising, different skills and talents for problem solving, and volunteers for the tremendous amount of work ahead.

Pat Tripeny volunteered to recruit a Board of Directors and Mary began to write the Articles and By-laws of the corporation. On December 5, 1989, Brother Raymond incorporated Mother Seton Housing, Inc. with the purpose "to provide homeless persons with temporary emergency and transitional housing and support services." Pat Tripeny served as the President of the incorporating Board. On December 11th the Board voted to hire Mary as the first Executive Director of the corporation.

Brother Raymond named the building Seton House after St. Elizabeth Ann Seton. It was Elizabeth Seton who founded the Sisters of Charity and took care of widows and orphans in New York. It was this order of Sisters who raised Brother Raymond when he himself was a homeless child.

Because of the intense need for shelter for families, Seton House opened December5, 1989 with only three downstairs apartments completed. They were full within the first week. Renovations continued on the upper level and in February 1990 Brother Raymond flew to New Jersey to accept a grant from the Hackett Foundation to finish the upper level. In May the four upstairs apartments were completed and on May 20th they opened. A Case Manager and Children's Services Director were hired to provide support services for the families.

In August 1990, the Board held the first major fund raising event, a Buffalo Barbecue, dance, and auction. Community support was strong and continued. On December 24, 1990, nineteen (19) homeless children celebrated at Seton House's first Christmas party. They were showered with gifts from throughout the city.

In the Fall, three grants were received to complete the renovations to the basement of Seton House. In January 1991, work began in the basement to provide an emergency exit, a storage room, and an office and bathroom for the Children's Center. A new Board of Directors was seated on February 4, 1991.

Mary Patrick, 1991

Seton House

Emergency Transitional Housing for Single Parent Families

Organization

Organizational Structure

Main Office

Board of Directors
Legally responsible for the overall operation of the organization. Specific responsibilities for policy-making, fund raising and spending of monies. Accountable for program activities.

Executive Director
Is accountable to the Board of Directors.
Responsible for the general administration of the corporation. Participates in Board of Directors meetings to insure coordination of efforts. Is responsible for financial management, fund raising, grant writing, public relations, personnel management, Case management supervision, project development project management and office management.

Administrative Assistant/Bookkeeper
Supervisor - Executive Director
Assist Executive Director, perform regular office duties, receptionist, bookkeeping, and recording secretary at all board meetings.

Shelter Staff

Shelter Director/Case Manager
Supervisor - Executive Director
To oversee the general and physical operation of the shelter. Supervise shelter staff.
To provide programming and services to women and children residing at the shelter. To assist families toward self-sufficiency

Children's Program Coordinator
Supervisor - Shelter Director
To design, implement and supervise educational, cultural and recreational activities for children at the shelter and follow-up services. To provide parenting skills education, services and advocacy for the children.

K-12 Program Manager
Supervisor - Executive Director
To design and provide education services for K-12 homeless children. Provide support and advocacy for the families within the school setting.

Front Line Staff/shelter

Shelter Services Coordinator
Supervisor - Shelter Director
To assist Shelter Director and shelter staff in providing quality services to all residents and visitors at the shelter including the daily operation of the shelter and residential services.

Night Manager
Provide security and safety for shelter and residents. Maintain upkeep of building - cleaning and maintenance. Enforce residential rules and maintain accurate documentation. Complete clerical assignments as needed.

Night Manager Relief
Supervisor - Shelter Director
Same as Night Manager.

Senior Community Service Worker
Supervisor - Shelter Director
Provide light duty maintenance. Maintain grounds.

Volunteer
VISTA
Supervisor - Executive Director
Research and provide information for the implementation of an aftercare program for all past residents.

June, 1994

2:3
2:4

Board of Directors

President

Vice President

Secretary

Treasurer

Board Members

(Manual contains list of all current board members and their telephone numbers).

Seton House Staff and Volunteers
Phone List

Executive Director

Administrative Assistant

Shelter Director/
Case Manager

Children's Coordinator

K - 12 Program Manager

Shelter Services
Coordinator

Night Manager

Weekend Relief Manager

Vista volunteer

Senior Community
Service Worker

Volunteer

Main Office

Shelter Office

Shelter Pay Phone

Pager - (On call)

FAX

June, 1994.

Job Title: Executive Director
Supervisor: Reports to the Board of Directors

The Executive Director shall be responsible for the General Administration of the corporation including:

Participation in meetings of the Board of Directors, Executive Committee, and Board subcommittees, as necessary to insure coordination of efforts.

Financial Management

Budget preparation (annual, special project, and new projects).

Accounting (recording and depositing contributions, paying bills, maintaining computerized accounts, balancing accounts, preparing and disbursing financial reports).

Purchasing materials and arranging service contracts. Spending restricted funds as specified by donors.

Payment of payroll taxes, maintaining employee payroll files, filing quarterly and annual tax returns.

Grant Management - completing projects within grant parameters, using funds according to foundation guidelines, maintaining records, preparing and submitting reports.

Human Resources Management

Hiring, training, supervising, evaluating, and terminating employees. Conducting regular staff meetings to coordinate efforts and address problems. Recruitment and supervision of volunteers.

Office Management

Answering inquiries, accepting donations, recording information, general correspondence (review all mail, respond to inquiries, prepare letters of inquiry, thanks etc.), errands, preparation of mailings, filing and copying.

Facilities Management

Conducting site inspections to insure safety of staff and residents. Supervising site maintenance, enforcing site rules. Coordinating improvements and changes to properties.

Project Development

Investigating housing needs within the community and possibilities for fulfilling those needs. Obtaining funding for new projects. Researching, developing, and writing programs for new projects. Developing and staffing employee and volunteer positions. Writing

policy and procedures for the corporation and rules for each facility.

Development

Coordination of annual, capital, endowment, major gifts, planned giving, corporate and foundation giving and special projects campaigns.

Donor Cultivation and Solicitation - Composing fund raising letters, letters of appeal, personal letters, letters to the editor, articles for newspapers, brochures. Maintenance of donor records and data bases. Analysis of fund raising appeals, supervision of responses to donors.

Grant Writing - Researching appropriate public and private funding sources, writing letters of request for information and guidelines, obtaining letters of evidence and documents, developing and preparing proposals, follow up correspondence and phone calls, preparation and delivery of oral presentations.

Obtaining in-kind donations including office materials, maintenance materials, and program supplies.

Public Relations

Representing Mother Seton Housing, Inc. at meetings of the Human Services Commission Task Force on the Poor and Homeless, foundations, and other meetings as necessary. Maintaining working relationships with resource agencies and referring agencies.

Giving facility tours, answering inquiries, participating in external studies, making presentations.

Case Management Supervision

Initial assessment of prospective residents, crisis counseling as necessary. Preparing files, maintaining records.

Supervising casework staff in management of client cases. Sharing "on-call" duties with casework staff.

Printed courtesy Mother Seton House Inc. (Seton House)

Job Title: ~~Administrative Assistant/Bookeeper~~
Position: Part-time, 20-30 hours per week
Wages:
Supervisor: Executive Director

Qualifications: Associates degree in secretarial science or bookeeping and two years experience. Ability to communicate with all types of people.

Key Responsibility Area: Administrative Assistance
** Serve as recording secretary at all board meetings. Assemble Board packets and information.

** Assist Director with special projects as needed including newsletters, publicity, volunteer coordination, fundraising projects, maintaining mailing lists, etc.

** Acknowledge all donations under $200.

Key Responsibility Area: Bookeeping
** Utilize a combination of computer and ledgers to maintain fund accounting system.

** Responsible for Accounts Payable/Receivable

** Responsible for Payroll (@ 8 employees)

** Balance checking, savings, investment accounts.

** Generate monthly/quarterly financial reports, various federal/state tax reports and relevant budget data to Director.

Key Responsibility Area: Reception
** Handle initial phone and office visits from public, (including homeless families, board members, potential donors, volunteers etc), with care and professionalism. Make appropriate referrals as necessary.

Key Responsibility Area: Office Management
** Perform regular office duties including typing and filing as required.

** Assess office supplies inventory and purchase supplies upon approval of Director.

** Other duties as assigned.

General Responsibilities: Use your own best judgement at all times.

Revised 2/94

Job Title: **Shelter Director/Case Manager**
Position: Full-time, Flex-time schedule
Wages: Salary annual
Supervisor: Executive Director

Qualifications:
Bachelor's of Social Work and minimum of two years experience in case management. Must be a self-starter able to work with minimum supervision. Flexibility, good judgement, ability to handle crisis situations, working knowledge of intervention strategies, ability to work with variety of people. Knowledge of Casper area human services resources. Good oral communication, well organized, accurate record keeping skills. Knowledge of family dynamics and dysfunctional family systems.

Purpose:
To provide programming and services to women and children residing at Seton House to help them break the cycle of homelessness and dependency on the welfare system. To assist residents in establishing a safe and healthy environment in the home. To oversee the general and physical operation of the shelter.

Key Responsibility Area: Case Management/Advocacy for Homeless Families
Assess comprehensive needs of family for support services including physical and emotional health; disabilities, addictions or chronic problems; history of family dysfunction; educational or developmental delays in children. Utilize available community resources to assist in assessments. Make appropriate referrals and follow-up as necessary.

Develop family case plan in conjunction with Children's Program Coordinator and parent, including short and long term goals, contracts and task objectives/timelines. Monitor progress toward goals.

Provide ongoing support and encouragement through personal counseling to residents as needed. Focus on identifying problems and generating options; Life Skills including parenting, relationships, money and home management, personal health and hygiene, and any other information needed to help residents learn personal responsibility leading toward self sufficiency.

Serve as an advocate for families with other service providers as needed. Teach residents how to advocate for themselves.

Prepare, and submit court reports as requested by officials.

Serve as a positive role model.

Provide after-care/follow-up services as necessary to former residents.

Key Responsibility Area: Life Skills Education
Organize, prepare and present materials for individual and group life skills classes; peer support groups; after-care groups or other groups/classes as needed.

Printed courtesy Mother Seton House Inc. (Seton House)

Utilize other community resources, agencies, and volunteers where appropriate for presentations or classes in specialized areas.

Be available for questions, problem management, and referrals.

Key Responsibility Area: Supervision
Supervise residential program including all staff and volunteers to ensure quality services delivery to all residents and visitors.

Prepare performance reviews as scheduled. Interpret to the staff and volunteers the agency's policies and disseminate information through the appropriate methods. Provide opportunity to the staff to grow professionally by personal supervision and by recommending training opportunities. Serve as practicum supervisor for students in field placements. Work as active team partner with Children's Program Coordinator with final responsibility for family case management plan and supervisory responsibility for the Children's Services Program.

Key Responsibility Area: Program Design, Implementation, Assessment and Development
Meet with Executive Director to discuss any concerns or strategies for program planning. Conduct routine assessment of programming to determine the strengths and weaknesses of individual components in meeting the needs of the clients. Develop supplemental programming to satisfy changes in populations served.

Coordinate with other agencies and community organizations which provide supplemental services.

Key Responsibility Area: Records Maintenance

Maintain daily logs and documentation on each contact with families and other activities. Maintain professional case records to include: accurate information on family members, intake, assessments, case notes, case plan, classes parents attended, and referrals made.

Prepare monthly statistics, reports, and employee time sheets and submit to Executive Director. Prepare other reports as requested by the Executive Director.

Key Responsibility Area: Community education
Make public appearances as approved by the Executive Director.
Serve on community committees, as approved by Executive Director, which are related to the field of homeless families.

General Responsibilities:
Attend weekly staff meetings.
Other duties as required of any staff member working in a shelter and with families coming from crisis situations.
Alternate "on-call" duties with other staff members.
Substitute for Executive Director as needed.
Maintain a professional and ever-improving attitude and knowledge by reading current literature.

2/97

Printed courtesy Mother Seton House Inc. (Seton House)

Job Title: Children's Program Coordinator
Position: Part-time. 20-25 hours per week. Flex time/evenings.
Wages: to per hour.
Immediate Supervisor: Shelter Director

Qualifications: Bachelor's degree in early childhood education or related field. Experience in program development, direct supervision of children and working with families in crisis. Must be willing to share in on-call duties.

Function:
To design, implement, and provide programming and services to the children residing at Seton House and non-resident children enrolled in follow-up services.

Key Responsibility Area: Program Development & Implementation.
Develop, implement and supervise educational, cultural and recreational activities for Seton House children and children enrolled in follow-up services. Coordinate and utilize volunteer and community resources as needed.

Key Responsibility Area: Services and Advocacy For Children.
Conduct developmental assessments of all children to include child's physical and mental health, developmental delays, disabilities and /or educational needs. Utilize available community resources to assist with assessments whenever appropriate and to provide services that can meet those needs. Develop and maintain working relationships with other service providers. Work closely with the Case Manager to develop case goals as they relate to the family's overall needs. Maintain appropriate records and produce reports as needed.

Key Responsibility Area: Parenting Skills Education. Provide positive role model for parents. Demonstrate appropriate parent-child interactions through one-on-one interactions with the children and the mother and through co-facilitation of life-skills classes and groups designed to help parents develop adequate problem solving skills.

General Responsibilities: Handle basic office duties as required. Attend scheduled staff meetings and client staffing meetings.

Ensure children's play areas are adequately maintained. Inventory program materials and make recommendations for purchases.

Back up other staff members as necessary. Maintain a professional attitude at all times. Stay informed about other community services and current issues that affect women and children and the homeless.

Use your own best judgement at all times.

Revised 2/94

Printed courtesy Mother Seton House Inc. (Seton House)

Part-time, 20 hours per week. Position contingent upon continued funding through McKinney grant. Hours coincide with school year calendar and generally available from 3 p.m.- 5:30 p.m. Mon - Fri. Other hours are flexible.

Qualifications:
Four year degree in Social Services, Education or related fields. Significant experience in working with high risk families. Working knowledge of community resources and services.

Responsibilities:

1. Develop and implement the K-12 Education Program for homeless children.

a. Establish program goals, case plans, activities, and related assessment and evaluation tools.

b. Develop and/or locate appropriate resources and materials to be used with families in the program.

c. Ensure that families understand the importance of nutrition, study hours and space, homework completion and school attendance in relationship to successful learning .

d. Develop and maintain contacts with other agencies and school as necessary to provide services.

e. Attend all parent/teacher conferences, B.I.T., I.E.P., and A.R.T. meetings with parents as necessary.

f. Attend all staff meetings and coordinate with staff on status of each family. Incorporate K-12 case plan into the family's over-all case plan.

g. Prepare reports, budgets and maintain statistics as necessary.

2. Provide direct supervision of children enrolled in the program.

a. Organize, arrange transportation for, participate in and supervise all activities of the children enrolled in the K-12 program, including recreational, cultural and educational activities.

b. Provide and/or arrange for individual or group tutoring.

c. Purchase and provide school supplies for children enrolled in program as budget allows.

d. Arrange for counseling or other services as needed upon approval of Shelter Director.

e. Use your own best judgement at all times.

7/94

Printed courtesy Mother Seton House Inc. (Seton House)

Job Title: **Shelter Services Coordinator**
Position: **Full Time 40 hours per week.**
Wages:
Immediate Supervisor: Shelter Director

Qualifications: Associates degree in a human services field and two years experience in human services or comparable experience. Ability to relate well to all types of adults and children. Friendly and welcoming personality. Flexibility/Maturity. General office skills. Must be willing to share in on-call duties.

Purpose: To assist Shelter Director in providing quality services to all residents and visitors at the Shelter including the daily operation of the shelter and residential services.

Key Responsibility Area: **Management of Shelter Office**
Coordinate general operations of shelter office including managing flow of information between residents, staff and other agencies as needed. Provide information to general public about Seton House through phone and correspondence; screen phone and personal inquiries and make appropriate referrals to casework staff, main office or community agencies. Perform basic office duties including copying, typing and filing as required.

Receive and record all non cash donations from the public. Send appropriate thank you cards to donors. Coordinate distribution of left-over donations.

Assess office supplies inventory and inform main office of needs.
Run errands: keys made, mail, light general maintenance as needed and other duties as assigned. Organize and maintain Lending Library and pamphlet shelves.

Key Responsibility Area: **Residential Services**
Assist Shelter Director with coordination of goods and services to residents. Provide information as needed to residents about community resources, appointments, etc. and maintain records as required. Share on-call duties with other staff.

Maintain current lists of community support groups and phone numbers.
Notify residents of community events.

Provide a listening ear to residents - but remember to keep a professional distance. Assess any crisis situations and contact Shelter Director or appropriate resources as needed. Share information and observations with Shelter Director. Do not assume the role of a counselor.

Key Responsibility Area: **Activity Supervision**
Assist when requested by professional staff with supervision of special activities for the residents including the care of residents children; transportation or other duties as required.

General Responsibility: Use your own best judgement at all times.
Revised 2/94 D.S.

Printed courtesy Mother Seton House Inc. (Seton House)

Job Title: Night Manager
Position: Full Time: 6p-2p Winter 7p-3p Summer
Wages:
Immediate Supervisor: Shelter Director

Qualifications: High school graduate and two years experience working in direct contact with people. Prefer background in human services. Must be able to operate independently. Must have car insurance, be able to transport in emergency. Functional dress but good grooming.

Key Responsibility Area: Provide Security and Safety for residents and building.
Conduct regularly scheduled security checks of entire facility and grounds, and of all residents. Log any incidents of note and the safety conditions of the facility including apartments. Perform minor maintenance. Inspect physical plant daily, (boiler, furnace, hot water heater, etc.). Fix minor problems and notify supervisor of major problems. Inspect Children's Center for safety and cleanliness. In case of emergencies contact appropriate emergency services as needed and contact Shelter Director or "On-Call" person immediately. **Use your own best judgement at all times!**

Key Responsibility Area: Residential Services
Maintain business like attitude and distance. Think safety and security first.
Enforce Seton House rules and regulations. Maintain daily and individual logs and report serious or repeated rule violations to Shelter Director immediately. Update Shelter Director daily. Monitor residents compliance with program requirements including Rules and Regulations, Program Services Agreement and Residency Agreement. Primary responsibility for enforcing residents compliance with Rule # 10 - Upkeep of the Common Areas of the Facility. Assist with evening classes, child care, and special events as necessary. Be a listening ear to residents when necessary but refer problems to Shelter Director. Always respect residents confidentiality.
Use a "you can do it" attitude to help build self-esteem but **remember** - residents are not always as they appear. Do not develop friendships with residents.

Key Responsibility Area: Cleaning and Maintenance.
Clean vacated apartments. Inventory, stock and prep for new guests. Clean Common Areas of Facility if not done by residents. Clean office and keep facility clean and organized. Organize, sort and store donations, supplies and equipment.

Key Responsibility Area: Clerical/Office Management
Greet the public. Complete clerical assignments as necessary or requested by Shelter Director. Maintain accurate records of donations and donor names and addresses. Check out equipment, maintain records.
Other Duties as Assigned. **Back up other staff members as necessary.** Attend staff meetings as requested.

Revised 2/94

Printed courtesy Mother Seton House Inc. (Seton House)

Job Title: **Night Manager Relief**
Position: Part-time Tuesday/Wednesday nights 6 p.m. - 2 a.m.
Wages: - /hr 16-20 hours a week.
Immediate Supervisor: Shelter Director

Qualifications: High school graduate and two years experience working in direct contact with people. Prefer background in human services. Must be able to operate independently. Must be able to substitute for full time persons nights off, holidays, and vacation. Must have car insurance, be able to transport in emergency. Functional dress but good grooming.

Key Responsibility Area: Provide Security and Safety for residents and building.
Conduct regularly scheduled security checks of entire facility and grounds, and of all residents. Log any incidents of note and the safety conditions of the facility including apartments. Perform minor maintenance. Inspect physical plant daily, (boiler, furnace, hot water heater, etc.). Fix minor problems and notify supervisor of major problems. Inspect Children's Center for safety and cleanliness. In case of emergencies contact appropriate emergency services as needed and contact Shelter Director or "On-Call" person immediately. **Use your own best judgement at all times!**

Key Responsibility Area: Residential Services
Maintain business like attitude and distance. Think safety and security first.
Enforce Seton House rules and regulations. Maintain daily and individual logs and report serious or repeated rule violations to Shelter Director immediately. Update Shelter Director daily. Monitor residents compliance with program requirements including Rules and Regulations, Program Services Agreement and Residency Agreement. Primary responsibility for enforcing residents compliance with Rule # 10 - Upkeep of the Common Areas of the Facility. Assist with evening classes, child care, and special events as necessary. Be a listening ear to residents when necessary but refer problems to Shelter Director. Always respect residents confidentiality.
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Other Duties as Assigned. **Back up other staff members as necessary.** Attend staff meetings as requested.
Revised 2/94

COMMUNITY PARTNERS PROGRAM

Residents of Seton House usually stay in our housing until they find low income housing. Therefore, there is no set amount of time we work with the families. Smaller families are usually able to move within a matter of weeks, or even days. The larger families can wait for as long as nine months, since there are fewer low-income housing units for larger families.

Because of our time constraints, we are often not able to work as closely with the families as needed. Basic problems must be taken care of as soon as possible. Often, people moving into Seton House have no income, health care, or connections with supportive services in the community. Seton House staff works to connect the client with these services. Naturally, the longer a client stays in our housing, the more supportive service options they are exposed to, and vice versa.

Seton House also provides a safe, supportive environment. Clients are free to explore different options (such as counseling, job training, attending college, etc.) while being guided by professionals familiar with the services available. Within this supportive environment, the client is more comfortable exploring options such as these than they might be when on their own.

Moving from such a supportive environment can be difficult for clients. Often, the problems that contributed to their loss of housing have not been solved. Also, the very experience of being homeless, and labeled as homeless, is traumatic. It is important to realize that the experience of being homeless strips a person of all control. The person is not able to provide for themselves and their family. They become dependent upon others for the basics necessary for survival. In a way, it is like being a child again. The transition from this sort of environment, to another where they are again making decisions without any guidance, can be a traumatic one.

It is during this period of a clients life that extra help is sometimes needed. While the client has already made enormous progress by obtaining housing, there are still many other day-to-day challenges that arise. A client may have questions, or need information, but not have the skills to access the needed services/information. Tasks such as paying deposits, budgeting to pay rent, obtaining transportation, and arranging for day-care can overwhelm the client. In extreme situations, the client may cycle back into homelessness.

This is where the concept of aftercare comes into play. Aftercare is exactly what the word suggests; care that comes after a client has left our facility. While we do not wish for clients to become dependent upon us, we still recognize the need for some assistance during this difficult adjustment period.

The Community Partners Program is designed to assist the client after leaving Seton House. The program gives the client a non-threatening resource to obtain information and support from. The most important component of this program is the relationship the Community Partner develops between her/himself and the client.

Your main goal as a Community Partner is to develop a supportive, trusting relationship between your client and yourself. This will not always be an easy process. Remember, each client is different. Some may actively seek help, while others may not know how to effectively communicate their needs/wants. Therefore, being a good listener should be one of your top priorities. If you do not listen to what your client needs/wants, you will never establish an effective, supportive relationship. Active listening is very important in these situations to help clients clarify their needs/wants.

Once you have established a relationship with your client, you will begin to guide them in the directions they need to explore/access. This could include on a concrete level: day-care, getting their GED, attending college, parenting classes, working productively with their case worker, dealing with landlords, job training, accessing transportation and other information/services. On a more abstract level, you will also supply emotional support and encouragement. Some days, all your client will need is a sympathetic ear. This is just as important as referring your client to services. Everyone has bad days. Think of how it feels to discuss your feelings with an interested listener. In many cases, you may be the only person in that client's life who will listen, and offer an informed, impartial opinion.

In summary, the quality of the relationship you build with your client will determine your effectiveness in guiding/supporting your client. With your encouragement and support, Seton House and the Community Partners Program can cushion the transition of moving from Seton House back into the community. Your intervention could be the key to keeping a client from cycling back into homelessness.

Excerpts from the Community Partners Program Manual reprinted by permission of Seton House, 1994. (Developed by Tracy K. Eaton, VISTA).

Job Title: Community Partner

Position: Weekly, 1-2 hours per week. (Varies according to client's needs.)

Supervisor: Volunteer Coordinator

Qualifications: Practical life experience. Good listening skills. Must be willing to participate in Seton House training, and ongoing education. Must commit to a one year work plan with assigned family.

Purpose: To help individuals/families who have moved from transitional housing integrate back into the community. To provide information/options to individual/family. To help with basic life skills (i.e. how to pay deposits, budgeting, accessing community services. Each client is different, so each Community Partners responsibilities will be different).

Key Responsibility Area: **Training/On-going Education**
After completing training and being assigned a family, Partner will meet with Case Manager/Volunteer Coordinator to discuss history/background of individual/family. Also will be presented with an abbreviated case plan.

Support/Resource: Provide support to individual/family. Be a listener. Present options to individual/family to deal with problems as they arise. Provide information as needed (ex. different parenting groups, GED preparation, AFDC applications, etc.).

Collect and Report Information: Maintain "journal notes" concerning individual/families progress. Submit copies of these notes each month to the Volunteer Coordinator. Monthly meeting with Case Worker to discuss procedures/suggestions offered to individual/family.

Remember: You are not to play the role of a counselor. While you need to listen, and present options, your client must have the freedom and responsibility to choose for themselves. Your goal is to help this person become self-sufficient, not dependent. Realize that goals are different for each individual. One person's goal may be to get up each morning to make breakfast for their children. Another person might be ready to return to school. If you are supportive, and validate small goals, you are building a foundation of confidence for your client. Everyone needs to achieve some

success before they are ready to take larger risks. Help your client down this path with support, enthusiasm, and appreciation of their results.

Excerpts from the Community Partners Program Manual reprinted by permission of Seton House, 1994. (Developed by Tracy K. Eaton, VISTA).

Community Partner Responsibilities

*Refer client to appropriate agencies/services

*LISTEN TO YOUR CLIENT...One of the most important aspects of the Community Partners Program is the relationship you build with your client. Treat your client with the respect and dignity you expect from others you interact with. In order to discover your client's need, you must listen to their thoughts/ideas/problems. Often clients will need a sounding board to help them reach decisions. Don't tell your client what she needs to do...help her discover she can make decisions on her own.

*Remember, your example is more powerful than anything you say. Provide a positive role model for your client.

*CHILD ABUSE MUST BE REPORTED!!! If you have suspicions of child abuse, contact the Shelter Director immediately. You will need to fill out an incident report. These can be found in the Community Partner's Manual. IT IS IMPORTANT TO DOCUMENT ALL SUSPECTED CASES OF CHILD ABUSE.

*Be consistent with your home visits. You and your client will schedule appropriate times. If for some reason you cannot make a scheduled meeting, contact your client. It is very important the client realize you are someone who can be depended upon . Not showing up for visits will damage your effectiveness as a partner.

*Commit to a one-year partnership.

*Attend all necessary meetings/on-going education sessions/planning sessions. THIS IS EXTREMELY IMPORTANT!!!!

*BE PATIENT! Do not expect dramatic changes overnight. Remember, your client may have spent a lifetime developing certain patterns of behavior. It takes constant support and encouragement to help someone alter their behavior. If you have ever tried to change your behavior, you know what a process this can be! Give your client the same courtesy that you would like!

Excerpts from the Community Partners Program Manual reprinted by permission of Seton House, 1994. (Developed by Tracy K. Eaton, VISTA).

WORKING AS PART OF A TEAM

The objective of this lesson is to enable learners to understand the dynamics of working together cooperatively within the organization's structure.

Some questions and activities for learners:

Describe a situation in a work setting where colleagues' behavior was unproductive, uncooperative or frustrating to you. Why do you think this behavior occurred? What was your strategy in dealing with it then? What would your strategy be now?

If you are or ever have been a supervisor, describe a situation that arose with workers that was difficult to handle? What was your strategy for dealing with them then? What would your strategy be now?

Describe a situation in which another worker came to your aid when you were having difficulty. Describe a situation in which you came to the aid of another worker who was having difficulty.

Describe a situation when you kept a work-related problem to yourself, rather than sharing it with the team or with your supervisor. How did this work out? What were your feelings at the time? Would you handle the situation in the same way now?

Have you ever been part of a team that really worked well? What were the elements that made it possible?

Long, L.A. (1988) Helping Homeless Families: A Training Curriculum
New York: Long Island City
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WORKING AS PART OF A TEAM

A person working with homeless families must deal not only with clients, but also with colleagues and supervisors. Working with people in each of these roles demands different skills and attitudes in relating.

One commonly-found set of expectations suggests that clients know the least, and have the least to contribute toward solving a situation, while supervisors are expected to know the most and to have the most control of the situation. In this hierarchy of knowledge and power, the worker is somewhere in the middle, hoping to hide any lack of knowledge and any feelings of powerlessness from those ranked above and below. Colleagues at the same level are seen as potential competitors for recognition and power.

From this point of view, workers are tempted to demean a colleague's ideas or actions in order to appear to be superior. Workers getting together may spend their time griping about the unfairness of the supervisor and complaining about the resistance of clients. A client or worker may withhold important information in order to maintain some control of the situation, or to cover a mistake. Administrators and supervisors develop plans that others are expected to carry out, even though the others may have had little input into the planning.

A positive organizational model has a very different set of expectations. Each participant, including the client, has essential elements to contribute to helping solve any problem. Each person's point of view is important to understand, if not always to support. Plans need to be made with everyone having an opportunity to join in the discussion. Each person should be aware of the strengths of others, in order to be sure that they are brought to bear. The success of the client is the goal; the client's success makes everyone else successful.

Staff members require mutually supportive relationships. Especially in the high pressure environment of working with homeless families, each member needs the encouragement of others, and the ability to call on them for help when it is needed. Workers should be able to sense when another worker needs to be assisted, or when the worker needs to step away for a rest, and to come forward to offer the appropriate aid.

Supervisors and administrators have a special role in supporting workers, setting the direction and specifications for the work to be done, providing resources so that the job can be done, and giving workers opportunities to be heard. It is helpful for the worker to have regular access to supervisors and occasional access to administrators, in order for the workers to understand the purpose fo their daily

tasks and to have an opportunity to air questions and complaints. It is important for all levels of the organization to compare their visions of what is happening from time to time, to make it possible to meld and match these visions into one that is commonly held across the organization.

In hierarchical systems that may involve large numbers of workers, it is still possible to develop a team spirit by encouraging good communication between the front line and administration, and by grouping workers in smaller units that have an opportunity to develop group cohesion. Supportive attitudes toward workers, supervisory fairness and quick recognition of outstanding worker efforts will also improve the tone of a hierarchical structure.

Subgroups often form within a work group, providing support to those who belong, but shutting out others. Those who belong to such subgroups or cliques need to be encouraged to include others, so that the friendship of a few does not become a divisive factor within the work group. It is usually not helpful to try to eliminate the subgroup. Especially in high-stress situations, the closeness of the subgroup is one way that workers provide support to one another in order to withstand the stress. But members of the subgroup can be required to carry out some tasks with other workers, and they can be appealed to to lessen the exclusiveness of the group, at least in the work setting.

Supervisors need their own supportive relationships so that they do not need to depend on team members for emotional support. When close friendships do occur between a supervisor and a worker or workers, special care must be taken so that favoritism is not a factor in work assignments. Supervisors should avoid using friendly team members to report on the work performance of other workers. This practice leads to a lack of trust between the members of the work group, and may reinforce the poor performance of those informed on.

Perhaps one of the most difficult relationships in the workplace is that between a worker who has become a supervisor and the other workers who used to be the new supervisor's peers. Sometimes a certain emotional distance must be created between the new supervisor and former peers, so that the new supervisor can view the work situation in a different way than before, and so that workers can recognize the new perspective of the supervisor.

When every participant is encouraged to support the others, rather than compete with them, the organization works more effectively, and the workers feel better about the work, and themselves.

When Frank came in to work, a large group of people were waiting outside the shelter. "What's up?" Frank asked one of the teenagers sitting on bench in front of the door.

"Some guy's going wild," the young person responded. "Nobody can go in."

At the door, Jimmy had a red mark on his forehead. "You all right, man?" Frank asked.

"Yeah," Jimmy said shortly. "Here's the cops!" he called back over his shoulder.

Two police cars had just pulled up to the door, and the officers came into the shelter. Rose, the director of the shelter, came to meet them. "We'd like you to remove this man," she said. "We don't want him to be hurt, and we don't want him to be arrested, as long as he doesn't hurt anyone."

The sergeant shrugged his shoulders, but nodded his head. A series of negotiations between the police and the shelter had led to an agreement that the police would help in dangerous situations without following their usual procedures.

The man, the father of one of the families living in the shelter, was surrounded by shelter staff in a room near the entrance. He was shouting and waving his arms, shouting about the shelter and its workers. When the police entered the room, he became even more upset.

The sergeant and another officer moved the staff away from the door and moved around the room so that the young man was herded toward the door. When he came into the hallway, he met two more officers blocking his access to the shelter, so that the only way the man could go without physically tangling with the police was out the front door of the shelter. The police walked slowly toward the man, and he walked backward, still shouting and waving his arms. He walked across the street and into a parking lot. The police stopped following him after he had gone a block away from the shelter.

Going into the locker room. Frank found Manny, an aggressive staff member who was sometimes reprimanded for responding physically in situations like this. "Did you control yourself today?" he asked Manny.

"Yes, I was my best self," Manny said. "He was shouting in the counselor's face, and I asked if I could help, but the counselor told me that he could handle it. I wanted to do my thing, but I've been told not to, so I just sat down and

FAMILY HOMESTEAD

Sometimes homelessness is a family affair.

COMPARATIVE ROLES OF THE HELPING PERSON

I. FRIEND:

A. The relationship is established through normal life experience in the process of social contact.
B. The relationship is highly subjective and based on strong mutual attraction.
C. Involvement of participants may be intense with no particular structure or purposefully established conditions.
D. There is no goal or purpose to the relationship beyond mutual likes or dislikes.
E. Friendship has no necessary progression or ending.

II. FAMILY HOMESTEAD VOLUNTEER SUPPORTIVE RELATIONSHIP

A. The relationship is based on mutual agreement and is planned and deliberately promoted through a service designed for that purpose.
B. The relationship is more defined, objective, purposeful and controlled, and is based on a wilingness of both parties to participate in a helping situation.
C. The involvement of participants is controlled and structured according to the goals and objectives of the Family Support Worker Program.
D. The goal is to establish a quality relationship between the participating parties and to encourage and support clients in dealing with everyday life situations. Quality of relationship is considered much more important than quantity of change in the client.
E. Time is a factor and is determined by stay of the client in Family HomeStead housing.

III. PROFESSIONAL:

A. The relationship is structured by contract agreement around a specific problem or problems.
B. The relationship is contracted, controlled and disciplined. It is purposeful and clearly defined.
C. The involvement of participants is the heart of the helping process and is subject to goals as established in individual case plans.
D. Goals are generally to increase interpersonal competence in areas established by client and social worker together.
E. Time is relative to length of client's placement in Family HomeStead housing.

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1111 Osage Street Denver, Colorado 80204
P.O. Box 4186
(303) 623-6514
FAX: 628-0377

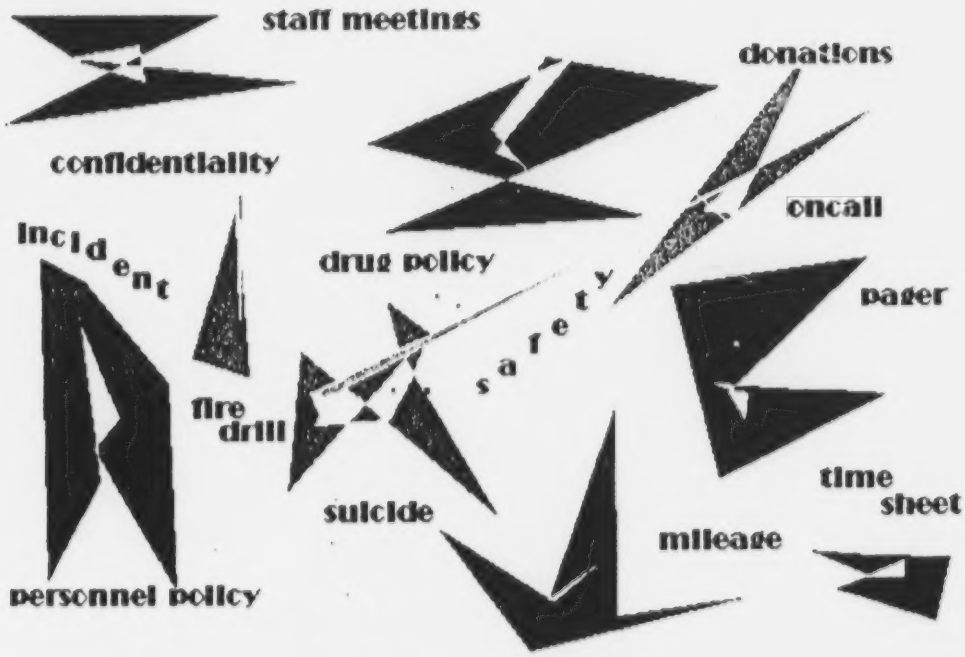
formerly Denver Emergency Housing Coalition

A United Way Agency

Seton House

Emergency Transitional Housing for Single Parent Families

Policies and Procedures



Policies and Procedures

Mission Statement

To provide housing and support services to homeless single parents with children that will facilitate independence and self sufficiency.

General Policies

Mother Seton Housing, Inc. is a non-profit corporation governed by a Board of Directors in accordance with its By-laws.

The Board of Directors shall hire an Executive Director to administrate the operations of the corporation. The Executive Director shall be accountable the Board.

The Executive Director shall hire all personnel necessary to perform the functions of the corporation. Corporation personnel shall be accountable to the Executive Director.

The corporation will comply with Executive Order 11246 and all regulations pursuant thereto (42 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment.

Mother Seton Housing, Inc. will provide drug-free workplace in accordance with the Drug - Free Workplace Act of 1988.

All corporation facilities and offices will be Posted No Smoking Facilities.

The corporation will comply with The Fair Housing Act (42 U.S.C. 3601-20), as amended, and with implementing regulations at 24 CFR Part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, handicap, familial status or national origin, and administer its programs and activities relating to housing in a manner to affirmatively further fair housing.

The corporation will establish and enforce a set of rules for each project. Rules for residents shall be posted in each unit.

Project Specific Policies

Seton House

Seton House is an emergency/transitional housing facility for homeless single parents with children.

Seton House will be a smoke-free/drug-free facility.

Seton House will be restricted to homeless single parents with children. Priority will be given to parents with one or more children. Pregnant women, 17 years of age and older, will be accepted if no other programs is suitable.

Clients must meet Basic Criteria for Admission to include one of the following:

1) Lacks a fixed, regular, and adequate night time residence.

2) Has a primary night time residence that is:
   a. a supervised, publicly or privately operated shelter
   b. a public or private place not designed for or ordinarily used as a regular sleeping accommodation.

3) Lives with a friend or relative because they lack adequate resources to maintain a fixed, regular and adequate night time residence on their own.

As a condition for residency, clients must sign a **Residency Agreement** and a **Program Services Compliance Agreement** stating they agree to participate in the Support Services Program provided by Seton House. Resident are also required to sign a copy of, and obey the **Rules and Regulations of Seton House**. By signing these agreements residents understand that staying at Seton House is voluntary and contingent upon compliance with program requirements, rules and regulations.

Lack of compliance with Residency Agreement is cause for eviction.

As a condition of residency, prospective clients will be required to sign a **Release of Information Authorization**

so case information may be released to other organizations involved in the determination and implementation of the resident's personal growth program. Client data will be available to law enforcement agencies at all times. Casework records will be confidential and viewed only by assigned casework personnel and the Executive Director.

Programs

Seton House offers two programs for homeless families to choose from based upon availability of units and the decision of the Executive Director and/or the Shelter Director.

1) Emergency/short term transitional housing and support services will be provided on a flexible basis of from 1 to 90 days depending on the individual needs of the family. Participation in this program has the following requirements:

a) Completion of the Resident Intake Form, Residency Agreement and Program Services Compliance Agreement.

b) Participation in Family Intake, Assessment and Goals development (case plan) with primary caseworker.

c) Completion of forms and application processes for emergency assistance, housing, immunization, homeless health grant, school registration and any other appropriate programs as determined by case worker.

d) Participation in the Supportive Services Program as determined by resident's caseworker which will include all or part of the following:

1. Parent Information Classes
2. Parent Support Groups
3. Parent-Child Groups
4. Information and Referral
5. Social and Recreational Activities
6. One-on-one advocacy and counseling with caseworker
7. Children's Services/Evaluations

2) Long term transitional housing and support services for a period of up to 24 months is available for homeless single parents with children who have made application and been accepted into the program. Participation in this program requires residents to fulfill the following program requirements:

a. Registration for and attendance in in-house classes and/or group discussions, and community services as required by the resident's case plan.

b. Verifiable full-time employment; verifiable full-time academic status; or a combination thereof.

c. Meetings with assigned case worker as required by resident's case plan.

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Staff Meetings

Staff meetings are conducted on a weekly basis at the main office. All members of the staff are expected to attend. Contact your supervisor for dates and times.

The Shelter Staff will conduct a meeting at the Shelter once a month. All shelter staff are expected to attend. Contact your supervisor for dates and time.

Confidentiality

All staff/Volunteers are required to sign the **Confidentiality Statement for Staff**. Remember this is privileged information and is not to be shared outside the agency or with other residents.

In addition, all residents are required to sign a **Release of information**. The information received from the residents is to remain within the shelter staff. Information is **not** to be shared with other residents and **only** to be shared with other agencies upon a release by the resident.

The exception to this policy as required by law is as followed:

1. Information concerning possible child abuse or neglect will be reported to child protective services - Department of Family Services - 261-2100
2. Information indicating that an individual represents a danger to him or herself or to others. A life threatening circumstance takes precedence over confidentiality.
3. A crime by whom the police are investigating that requires information from the shelter.

In addition, notify your supervisor before releasing the above information.

Occasionally, we will receive telephone calls requesting information about a resident. Seton House staff does not release information on our residents. However, you may inform the caller we will take a message and forward if possible.

Seton House
324 East "H"
Casper, Wyoming 82601
(307) 234-1119

Confidentiality Statement for Staff and Volunteers

Any information obtained verbally, written or recorded during the process of case management will not be shared with anyone outside of this agency without the expressed permission of the client. If the client is a minor, both the clinet and the parent/guardian must sign the release.

However, there are three situations that may arise in which staff members are obligated to report information without first obtaining written permission:

1. If based on information shared, a staff member is told of alleged physical, sexual, emotional or medical abuse of a minor child, such information must be reported by law to the local Department of Family Services.

2. If a staff member has information of a serious crime or suspects that either the client or another person is in imminent danger of physical harm (i.e. suicidal danger, threats of violence, etc.), the staff member will take the necessary steps to inform the law or to protect those individuals.

3. If a staff member is ever subpeonaed to testify in court in relation to the client, prior consent to release information is not relevent. Staff members must answer any questions asked of them.

In other situations, the case manager may feel that information shared by the client needs to be expressed to other individuals such as family members, school, etc. Under such circumstances it may be strongly suggested to share such information but confidentiality will be maintained by the case manager unless expressed permission is granted.

If you have any questions regarding confidentiality, please discuss them with your supervisor.

I have read and understand these rules and agree to follow them.

_____ _____
Signature of Staff/Volunteer Date

_____ _____
Signature of Supervisor Date

6/94

Printed courtesy Mother Seton House Inc. (Seton House)

Donations

Seton House receives donations daily. Please remember we are dealing with the public and their opinion of us is important. Therefore, a smile and a thank you will be remembered. All donors are asked to leave their mailing address, as this helps us to maintain our mailing list.

All donation's are for Seton House and the residents. All excess donations are picked up daily for further distribution.

Donations are not for use by staff.

On Call/Pager

On call is divided between, Executive Director, Shelter Director/Case Manager, Children's Coordinator, Shelter Services Coordinator, and K-12 Program Manager.

Each person will rotate the pager for one week beginning Thursday of each week. The on-call schedule is updated in December by the Shelter Services Coordinator.

June, 1994.

Seton House
10/92

Drug Free Workplace Statement

NOTICE OF POLICY

Seton House has a vital interest in maintaining a safe and productive work environment for its employees, residents, volunteers and visitors and in protecting organization property, equipment and functions. The possession, use, or sale of illegal drugs or alcohol (or abusive use of legal drugs or substances) in the work place poses unacceptable risks for safe, secure and efficient operations and will not be tolerated. Seton House will enact reasonable measures for providing a drug and alcohol free work environment.

PROCEDURE

Employees who abuse substances, or report to work under the influence of substances such as alcohol or illegal drugs, are subjecting themselves to disciplinary action up to and including termination. If you are suspected of reporting to work under the influence of substances or if you are suspected of having brought substances onto the premises, you may be required to undergo an investigation. This investigation may entail a search of your person and your property. Your failure to cooperate in such investigations may be cause for disciplinary action up to and including termination. Seton House reserves the right to conduct searches or inspections of employees, their personal effects, desks and private vehicles located on organization property. Entry onto the organization's premises constitutes consent to searches or inspections.

If you are experiencing problems regarding substance abuse which impact on your performance, it is your obligation to correct these problems however you determine necessary. Seton House will provide alternatives for your assistance such as making a referral for substance abuse counseling.

Testing for drugs and alcohol will be conducted under the following circumstances:

1. When probable cause exists that an employee is under the influence of drugs or alcohol. Employees with concerns about other employees are to discuss the matter in confidence with their immediate supervisor. The supervisor will review any concerns with the Executive Director or member of the Board of Directors of Seton House with the two of them jointly determining whether probable cause exists. Written documentation of the review and the findings will be made.

2. Following an on-the-job accident or incident in which safety precautions or organization policy was violated or careless acts were performed. The immediate supervisor of the employee and the Executive Director or Board Member will determine whether probable cause exists. Written documentation of the review and findings will be made.

Urine samples or other medical tests may be taken and screened by a laboratory for the presence of alcohol, drugs and controlled substances whenever the employee's observed behavior or involvement in an on-the-job accident or incident raises any questions about the employees physical condition and fitness to perform his or her job. Employees refusing to be tested at any point may be terminated, with such termination considered voluntary.

Employees who test positive on the alcohol screening or drug test are subject to disciplinary action up to and including termination.

As a condition of employment, employees are required to abide by the terms of the drug-free workplace statement and notify Seton House officials of any criminal drug statute conviction for a violation occurring in the workplace within five days after such conviction.

We are confident you recognize the importance to you and our residents of not violating this policy. It is our hope never to have to test our employees. It is your responsibility to avoid the need for testing by abiding by this policy.

Printed courtesy Mother Seton House Inc. (Seton House)

Personnel Policy

Time Sheets: Staff will be paid once a month on the last working day of the month. Your supervisor will notify you when time sheets are to be turned in (See page 3:13).

Mileage: Mileage reimbursement for employees when using their vehicle to conduct official Seton House business. Mileage forms must be signed by your supervisor (See page 3:12).

Vacation: Paid vacation at an accrual rate of 1 day per month for the first two years of employment; 1 1/4 days for 2-5 years of employment and 1 1/2 days per month for 5 years or more beginning with date of hire. Vacation days are available after 6 months of full-time employment. Cumulation may not exceed 2 weeks for the first 2 years, 3 weeks for 3-5 years, and 18 days for 5 years or more of employment. Vacation should be taken within the year it is earned.
Vacation pay is not available to half-time employees.

All vacation requests must be submitted in writing to employees immediate supervisor in advance of the date requested and approved by the Executive Director. Vacations will be allowed as scheduling permits.

Sick Leave: Sick leave is available to full-time employees at a rate of 1 day per month, available immediately upon employment and cumulative up to a maximum of 30 working days. Employees will not be reimbursed for un-used sick time upon termination.
Sick leave is not available to half-time employees.

Holidays: The following paid holidays have been approved: New Year's Day, Martin Luther King Day, Memorial Day, July 4th, Labor Day, Thanksgiving and the Friday after, and Christmas Day and the day after.

Approved by the Board of Directors effective 3/2/92

Seton House
Mileage Statement

Name: _____ Month _____

Date	Speedometer Reading	Vicinity of Travel	Case Names and Programs	Miles
	L R			
	L R			
	L R			
	L R			
	L R			
	L R			
	L R			
	L R			
	L R			
	L R			
	L R			
	L R			
	L R			
	L R			
	L R			
	L R			
	L R			
	L R			

Total Miles_____

_____

Signature of claimant Date

_____

Signature of supervisor Date

6/94

Printed courtesy Mother Seton House Inc. (Seton House)

MOTHER SETON HOUSING INC.
EMPLOYEE TIME RECORD

PAY PERIOD _____ to _____

NAME_____ Social Security # _____

Date	Time Spent	Procedure

Normal Hours_____ Vacation Hours_____ Sick Hours_____ Total Hours_____

_____ _____
EMPLOYEE SIGNATURE SUPERVISOR APPROVAL/DATE

Printed courtesy Mother Seton House Inc. (Seton House)

Safety

Safety is important for staff, volunteers and all residents. It is the responsibility of all staff/volunteers to work safely at all times and to report all accidents to the immediate supervisor.

Incident reports are required to be completed by all parties involved. The report is then turned into the supervisor for review and follow-up. Incident reports are important for accurate documentation and good record keeping.
Incident reports should be filed for: theft, accidents, unresolved situations between residents/staff and police involvement. (See page 3:16).

Fire Drill
Staff are required to know the evacuation process. Fire drills are performed throughout the year. Each apartment has a fire extinguisher and a fire drill plan of escape.
The Shelter Director will coordinate the evacuation.
When Shelter Director is not on site one staff person will coordinate evacuation as follows:
Dial 911.
Notify families and evacuate immediately.
Check all areas of the building.
Check all persons to be certain all persons are accounted for.
All families/staff/volunteers will group on "H" street by the office until notified that they may re-enter the building.
Notify Executive Director.

Suicide
Suicide is a traumatic event for the individual and the people involved. Intervention with a suicidal person is a deeply emotional experience. 70 t0 75% of suicide attempts do give some indication of their impending action. Certain indicators as listed by Grollman (1971) include, previous attempts; suicidal threats; feeling isolated, financial stress; chronic use of chemicals; family history of suicide, severe depression and domestic difficulties. There is no single pattern that leads one to suicide. However, the feeling of

hopelessness and that life is out of control can be strong indicators of a potential suicide.

Intervention - Effective intervention provides an empathetic position and asks direct questions to the individual on the situation being assessed. Direct questions will elicit information on how lethal is the proposed method of suicide? Does the person have a plan? A plan can range from the most specific and lethal e.g. shooting, hanging to a low level of lethality e.g. vague thoughts of dying.

Certain points to remember - Respond in a positive and confrontive manner. A direct question, "Are you thinking of committing suicide?" is an effective approach to an individual.
Obtain as much information as possible in order to assess the situation.
Call 911 if determined there is imminent danger.
Notify your immediate supervisor.
Never promise confidentiality.
Be empathetic, caring and willing to discuss the suicidal thoughts and feelings of the individual. Verbally indicate your concern.
Involve the person in a suicide contract- ask the person to promise he/she will contact you prior to attempting suicide in the future.
Refer the individual to an appropriate agency - counselor, hospital.
Submit an incident report to your supervisor.

Remember, help the individual to find hope and some reason for living. Explore the individuals support system and encourage the person to form a plan e.g. telephone the counselor, admit oneself into the hospital or contact a family member or friend.

An attempted or a completed suicide is a traumatic experience for all persons involved. No matter what the outcome you as a friend or an advocate have done your best. However, there are some common reactions to suicide: confusion, disbelief, anxiety,blame, guilt, and failure. Periods of denial, anger and rage are also common reactions.

June, 1994

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June, 1994

Incident Report

Date: _____ **Time:** _____

Persons involved: _____

_____

What happened? _____

_____

_____

_____

_____

_____

Action taken: _____

_____

_____

Persons notified:

Name	Agency	Date	Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Follow-up: _____

_____

_____

Copies of report: _____

_____

_____

Signature of person making report

_____

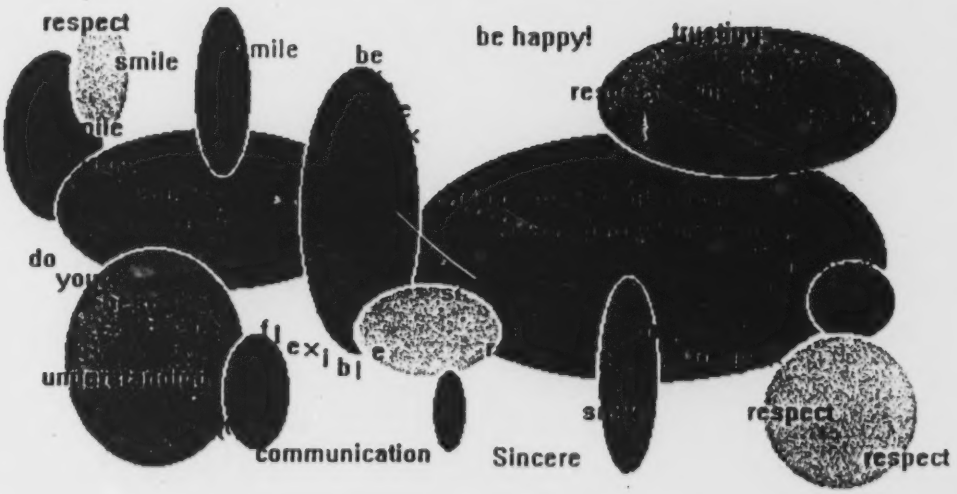
Supervisor

June, 1994

Seton House

Emergency Transitional Housing for Single Parent Families

Homelessness Overview



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An Overview of Homelessness and Supportive Services

It is difficult to estimate the number of homeless on any given day, however, the numbers range from 200,000 to 3 million. Since the early 1980's homelessness has been on the rise and attracting national attention. Homelessness is no longer associated with the stereotypical homeless white, middle-aged, alcoholic, male. Homelessness today consists of young women with children, young men and intact families.

According to a 1987 Urban Institute study it was found that almost half of the homeless had not completed high school; 35 percent had a chemical dependency and one out of five reportedly had been hospitalized for mental problems such as, Bi-polar (manic-depression), clinical depression or schizophrenia. Further studies report that the main factors contributing to homelessness are: deinstitutionalization and inadequate community-based services for the mentally ill; personal family crises; cuts in entitlement programs, increase in unemployment and the lack of affordable housing.

Services for the homeless have advanced from "warehousing" in overnight shelters to long term transitional shelters with supportive services. Supportive services address the multifaceted problems that exist among the homeless. These services are provided through case management and intended to assist families and individuals toward becoming self-sufficient.

The awareness of homelessness and provisions for effective programs were the result of the Stewart B. McKinney Homeless Assistance Act. This became law in July, 1987. In addition, to shelter and food the act provided job training, medical and mental health care, educational programs and permanent housing. During the 1988-1991 period $1.2 billion was authorized by Congress to assist the homeless.

Overview of Seton House population

Homeless families are directed to Seton House through local and state wide referrals, such as safe houses, churches, state agencies and individual members of the

community. Invariably, there is a waiting list as this shelter is the only one of its kind in the area.

Seton House houses seven single parent families, and to date all head of households have been female. The families are predominantly white (90%) with the remaining families (10%) consisting of Native American, African American and Hispanic family members. The average age of the parent is between 18 - 30 years old, with one to four children.

Each family lives in a single furnished apartment and remains at the shelter until they find affordable permanent housing. Low income housing becomes available within a two to nine month period. During the family's residency at the shelter, they are provided support services which include, information on basic daily living skills, parenting, children services, education, nutrition, and employment. In addition, referrals are made for food, clothing, medical assistance, counseling and transportation.

According to Ziefert & Brown (1991) the shelter site provides an opportunity for staff to observe, role model and make suggestions that will help families move toward self-sufficiency. The staff and the family join together to develop a case plan to identify the family's needs and goals. During this process a trusting partnership is formed between the family and the staff. The staff are required to be knowledgeable and sensitive to the multiple complex needs and challenges of the homeless families (Cooper, 1982; Blankertz, Cnaan, White, Fox, Messinger, 1990; HomeBase, 1993). Such competencies accommodate for an effective shelter setting, provide a continuous supportive relationship, built on trust, and provides all families the type of support needed toward attaining their self-sufficiency.

Zeifert & Brown (1991) suggest that the homeless population consist of three different groups. The first group is the "chronic homeless," (p. 214) who are living on the streets and have been homeless for over a year. The second and third groups are similar to the families housed at Seton House. The two groups consist of either the "episodically homeless," (p. 214) who move in and out of shelters and are diagnosed with a mental illness, or

the "situationally homeless" (p. 214) who are experiencing homelessness for the first time.

First time homelessness can be the result of unemployment, family violence or the inability to obtain affordable housing. Most women have not completed high school and have limited employment skills. Consequently, when competing in the work force they tend to find positions with minimal wages and no benefits. They tend to have children at an early age and extended families are unable to support these families due to their own economic situation.

Most homeless families come from fractured relationships. The family system breaks down due to deep-rooted problems such as sexual abuse, family violence, drugs, alcohol and mental illness. The nuclear and extended family support system no longer exists. This may be due to families no longer living close together or the extended family and friends have exhausted their own available resources. Consequently, families are then forced to move and seek help from shelters and social service agencies for temporary support.

Upon entering the "system" the families must repeatedly tell their story to strangers. Families are faced with authority figures who appear unsympathetic, disrespectful and families are given choices based on the workers expectations. Once the families have moved into the shelter they often become oppositional and there is a high level of mistrust. There is a sense of hopelessness and they feel no longer in control of their lives.

Situational depression becomes a key factor when assessing non motivational parent's. Families have left everything behind, their home, transportation, personal belongings, and documentation. Such documentation as a drivers license social security cards, and birth certificates become essential documentation when applying for welfare benefits. In addition, the children lose their toys, pets and their friends as they move from their neighborhood and schools to relocate to an available shelter.

Many homeless families have acquired negative behaviors using self-defeating survival skills.

Therefore, it is the workers job to be creative by offering services that will strengthen the family, thus, mobilizing them toward growth and success. A shelter setting should provide an opportunity for families to function effectively. Therefore, during this process support workers and volunteers must realize that change should be measured by small achievable goals. In addition, staff must be patient and recognize that the immediate services being offered to a resident may bring about a difference sometime in the future and not necessarily during their stay at the shelter.

It is important to treat each individual with respect and dignity during their stay at the shelter. To believe in the importance of each as an individual. Consequently, staff and volunteers need to seek solutions rather than focusing on problems and recognize strengths rather than weaknesses.

Insoo Kim Berg (1994) suggests:

> "That all clients possess the resources to solve their problems; all clients know what is best for them; and all clients are doing the best they can right now under very difficult circumstances. I cannot expect anything more of anyone, including myself, but that we do the best we can right now and hope for the best in the future" (p. 218).

Susan Kates-Doyle (1994)

June, 1994

Staff and volunteer roles in the work setting

The role of a worker is seen as a change agent by building cooperation and increasing effectiveness. There are many ways to build cooperation and decrease resistance:

Communication
Effective interpersonal skills are important when interacting with a resident. Good communication strengthens relationships just as poor communication creates misunderstanding and conflict. Non verbal communication and the awareness of body language is also important. This can include body position, facial expressions and tone of voice.

Awareness of self in the work setting - prejudices, biases, stereotypes, values, needs, effective listening skills, limitations, strengths and weaknesses and body language. Do not personalize the actions of the residents.

Awareness of others - culture, background, emotional needs, values, body language, life style, current crisis, expectations and hopes and perceptions. Keep an open mind and put yourself in the resident's shoes, therefore, seeing it form their point of view.

Advocacy is - listening and responding, developing alternatives, facilitation, raising self-awareness in others and being supportive. non-judgmental, unconditional acceptance, empathetic, aware of own needs, respectful, dependable, caring, confidential and provide for a trusting relationship between self and the resident.

Consistency is important in minimizing stress for staff and residents. Consistency will help to maintain a cohesive staff team approach within the work setting.

Boundaries
Staff and volunteers need to be aware of staff /resident relationships. Staff are to maintain an advocacy role. Staff/volunteers are the professionals, therefore, it is important to maintain certain staff/resident boundaries. When staff or volunteers cross the boundaries and become "friends" with a resident this will provide a setting for

favoritism. This can lead to jealousies and conflicts among staff and residents.

In addition, there are certain guidelines a worker or volunteer **will not** participate:

Loan or give money to family members.
Take a family home to live with them.
Take a child home with them.
Share alcoholic beverages or illegal drugs with residents.
It is recommended not to give clients your home telephone number.

Confrontation

Confrontation is often uncomfortable for most people. However, consistent effective confrontation is not only necessary but important when working with the residents. During confrontations one needs to be specific and not allow the resident to deviate to another subject. It is necessary and effective for all staff to be aware of certain behaviors that require consistent confrontation.

The following approaches may be helpful:

I can see that your life is very stressful. You have many serious problems to put up with. And I know that many people in your situation use drugs or drinking to cope with life's difficulties. What do you do that helps you from using too much drugs or alcohol?

As I get to know you, I have a fairly good idea about how difficult your life is. I also have a fairly long experience in working with people who use drugs and alcohol. I am confused. Everything about your situation says that you must be using drugs but you are saying you are not using drugs. It just doesn't add up. Maybe you can help me out.

As you know, I have been discussing your situation with my supervisor (or a team). She is convinced that there is drug abuse involved here and insists that I am being fooled by you. But I know you are not that kind of person because you have been pretty straight with me. So I don't know what to think. What do you think?
(Berg 1994, p.210-211).
June, 1994

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(Berg 1994, p.210-211).
June, 1994

ACCEPTANCE OF OTHERS

It is exceedingly difficult in this highly competitive and evaluative society to develop and maintain genuine tolerance for and acceptance of others. However, in the practice of social work, acceptance of others is crucial. The social worker must have the capacity to accept others who are different in appearance, attitudes, and behavior. He must be able to tolerate and value diversity and to accept others on their own terms.

Social workers who possess or can develop the capacity to accept others are more likely to conform to the values and ethics of the profession and to be effective in their practice. Persons who do not have or cannot develop sincere tolerance for and acceptance of others are incapable of fulfilling the tasks, functions, and obligations of professional social work practice.

■ Exercise 2-4: Acceptance of Others Scale[3]

Please respond to items on this scale by marking 1 if the item is almost always true; 2 if it is usually true; 3 if it is true half of the time; 4 if it is only occasionally true; 5 if it is very rarely true.

Score	Statement of Present Condition or Action
_____	1. People are too easily led.
_____	2. I like people I get to know.
_____	3. People these days have pretty low moral standards.
_____	4. Most people are pretty smug about themselves, never really facing their bad points.
_____	5. I can be comfortable with nearly all kinds of people.
_____	6. All people can talk about these days, it seems, is movies, TV, and foolishness like that.
_____	7. People get ahead by using "pull," and not because of what they know.
_____	8. Once you start doing favors for people, they'll just walk all over you.
_____	9. People are too self-centered.
_____	10. People are always dissatisfied and hunting for something new.
_____	11. With many people you don't know how you stand.
_____	12. You've probably got to hurt someone if you're going to make something out of yourself.
_____	13. People really need a strong, smart leader.
_____	14. I enjoy myself most when I am alone, away from people.

[3] William F. Fey, "Acceptance by others and its relation to acceptance of self and others: a revaluation," *Journal of Abnormal and Social Psychology*, 1955, 30, pp. 274–276. Copyright 1955 by the American Psychological Association. Permission to reprint this instrument has been granted.

_____ 15. I wish people would be more honest with me.
_____ 16. I enjoy going with a crowd.
_____ 17. In my experience, people are pretty stubborn and unreasonable.
_____ 18. I can enjoy being with people whose values are very different from mine.
_____ 19. Everybody tries to be nice.
_____ 20. The average person is not very well satisfied with himself.

The Acceptance of Others Scale is scored as follows: first, reverse score items 2, 5, 16, 18, and 19. (*Reverse score* means to change an answer of 1 to 5; 2 to 4; 3 remains 3; 4 to 2; and 5 to 1.) Then, add the answers for all twenty items to find your total score.

As with the self-esteem evaluation, please interpret the results of this scale cautiously. Use the results to formulate hypotheses to test by examining evidence from other sources. The guidelines that follow will help you evaluate your results (Fey, 1955).

Persons who score in the 85–100 range generally tend to accept other people, to experience others as accepting of them, and to be accepted by others. Persons scoring in the 66–84 range reflect the average range of scores of the majority of people. Approximately two-thirds of all people taking the scale score in this medium range. Such midrange scores tend to reflect a mixture of caution toward and acceptance of people. Although less accepting of certain persons, they clearly have the capacity to fully accept others. Persons scoring in the 0–65 range may be very cautious about and intolerant of others. This hesitancy about other people may be a consequence of significant social, emotional, or perhaps even physical pain caused by another person or persons at some point in the past.

When you have completed and scored the scale, reflect upon its implications by addressing the following questions. Record your responses in the spaces provided.

1. How might you define the concept of "acceptance of others"?

2. Have you ever been truly and completely accepted by someone else? If so, what did it feel like? If not, what do you think it might feel like?

3. Have you ever truly and completely accepted someone else? If so, what do you think enabled you to do so? If not, what do you think prevented you?

4. What characteristics indicate to you that a person is accepting of others?

5. How do you think people develop the capacity to accept others?

6. How do you react to people that you consider intolerant of others?

7. In what ways is your current level of acceptance of others likely to represent a positive influence upon your performance as a social worker? In what ways is it a negative?

8. In what ways would you like to change your capacity for accepting others? How might you do so?

RELATING TO FAMILY MEMBERS

The objective of this lesson is to enable learners to consider the special circumstances that influence relationships between workers and homeless family members.

Questions for discussion:

What factors tend to make homeless parents have low self-esteem and a sense of personal deprivation?

What types of attitudes on the part of workers would tend to make parents and children feel better about themselves?

What types of activities could children engage in that would help their parents appreciate their achievements?

What messages does your organization give to parents about how they should carry out the parenting function while they are in the program?

Are you able to get enough personal support from the organization and from your peers? What are some of the dangers associated with trying to get gratification from clients?

Recall and relate stories where your power as a staff member led to complications with a client. Include situations in which you were aware of your power, and situations in which you were not aware.

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RELATING TO FAMILY MEMBERS

How a person relates to homeless family members depends in part on the type of role the person has. Some workers will have the task of setting limits, and others the task of developing family activities. Some will be counselors, and others will be security guards. Some workers may combine several of these different functions in their jobs. What principles might guide all of these types of workers in relating to families?

Workers need to treat everyone with respect, even if they feel upset or annoyed with the person. Setting a tone of mutual respect is very helpful in building and maintaining positive relationships. Giving respect to others includes allowing them to have a different point of view of a situation, assuming that there is some justification for their behavior from their point of view, and being willing to consider that one's own behavior has been flawed in some way, e.g., that one did not explain things clearly the first time.

A respectful style of behavior includes giving full attention to the other person when talking with them. Workers meeting new clients should establish their role by introducing themselves and by getting the other person's name correctly.

Certain other principles that apply to helping relationships in general apply to relating to family members, as well. These are:

Try to imagine how the situation looks from the viewpoint of the other person. Many programs have extensive rules and regulations that workers must enforce. When doing so, it is helpful to imagine how these rules seem to the client, so that your manner of telling the person about the rule or policy helps the person accept the necessity for it.

Try to build a trusting relationship with clients. This includes being reliable, doing what you say you will, being consistent, not promising too much, and being on time for appointments (even if the client is not). Building trust involves responding to the client's perception of his or her needs, without imposing your own perceptions unnecessarily (beyond those needed for meeting program requirements).

When tempers are high, you may be most effective by keeping your cool. Your self-control will help the other person regain control. Your authority will be respected more if you maintain your role.

Never make fun of someone, or belittle them in front of

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others. Carefully observe your attempts at humor, to be sure they are seen as funny by everyone in the situation. People who are upset may only be confused or angered by humor.

Understand the rules about handling information. What can be communicated to whom? If a person tells you something, when must you report it? Under what circumstances is talking about a family situation with your peers gossip, and when is it an essential part of briefing them? If a child tells you something, under what circumstances are you obligated to tell the parent?

Understand that clients do not owe you any gratitude for your work. Even though you may be making great efforts, the condition of being homeless is miserable. Look to the organization and your peers to reward your work, not to clients.

It is important to remember that although you may not always be aware of it, you in your role as worker have considerable authority over the participants in the program. This is especially true if this is an emergency housing situation. Your word can put a whole family on the street, or lead to the breakup of a family. You may assume that people are primarily responding to your personality, when in fact they may be responding more to your role.

In regard to working with families, an important basic principle is the concept of strengthening the role of the parent. Workers are sometimes tempted to be "better parents" than the parents, taking over the parenting function from the child's parent. When workers see a parent operating under stress, making mistakes, doing much worse than workers think they would do, it is natural to think about taking over. "I will show her how to do it," the worker says. But instead of doing that, the worker usurps her role. The message sent is, "You are doing a terrible job, and it is better if you let me be the parent." At its worst, the parent becomes a kind of older child under the impact of the worker's parenting role. At some emotional level, the parent may welcome this relief because of the difficulty of parenting in an emergency housing situation. But the long-term effect of such a step is the further incapacity of the parent, perhaps even leading to depression and helplessness.

If the parent is to be empowered, she needs to 1) be expected to function as a parent, 2) know the role of the parent as the agency sees it, 3) not be embarrassed in front of the children or other people, 4) see workers model good parenting behavior without taking over and 5) have a space where she can talk, perhaps with other parents, about her parenting concerns in a positive way.

A second principle that is helpful in relating to families is to help the parent appreciate her children. Under the stress of homelessness, including living in cramped quarters, a parent may view siblings as if they were all the same, expect children to "behave" themselves in a very controlled manner and (at least temporarily) lose sight of whatever positive characteristics the children have. The children become a burden that is too heavy to bear.

To help a parent appreciate her children, 1) opportunities need to be created for children to do things that are positive, through activities that the program sponsors, 2) the children's qualities and achievements need to be verbally praised in the parents' presence, and 3) the parent must be provided with some of the same type of recognition herself. Homeless parents often have a deep-seated sense of personal deprivation, and have trouble thinking about the needs of others unless their own deprivation is dealt with at the same time.

A third principle is to program so that parents have some positive activity apart from their children. Homeless programs and welfare systems often give the message to parents that they are not of value in themselves, but only as parents. This is counterproductive, because without a sense of self-esteem as an individual apart from her parental role, the parent will have great difficulty providing the emotional support that is required by her children. Participation in career development, job training and similar programs may help the parent to develop a sense of personal competency and value.

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•GUARDING THE DOOR•

"Let me see your ID." Howard said to the young woman who came toward him as he stood at the door. She had a small child with her.

"I don't have it," she said. "I left it in my room."

"Sorry, you can't come in," Howard said.

"I live here!" The young woman raised her voice.

"Give me your name," Howard ordered.

"Chelsea. Fran Chelsea," the woman said.

Howard looked up the name. "How do you spell that," he said brusquely.

"You don't know how to spell Chelsea?" the young woman smirked.

"I know how to spell it. I don't know how you spell it," Howard snapped.

"C-H-E-L-S-E-A," Fran said.

"Okay. I have a Frances Chelsea here. How do I know that you are that person?" Howard was annoyed, and he showed it.

"Do you have my welfare ID number?" Fran asked. "It's 1-C-34478946-B."

"Say it again," Howard demanded.

"Mommy," the child said, "I have to go to the bathroom."

"1-C-34478946-B."

"You got it mixed up. The 4 and the 7 are switched around," Howard said.

"Mommy!" The child's voice had a note of alarm.

"Okay, you can come in," Howard said. Speaking to the child, he said, "If your mommy remembered her ID, you wouldn't have had to wait."

The child rushed by, but Fran snapped back, "It's not like you're guarding a palace! You should be glad we come to this hole, instead of keeping us out!"

Howard was really mad now. "Listen, lady, you're lucky

that you can come here. This is the best shelter for families in the County!"

"Yeah, but it's still a stinking shelter, isn't it?" said Fran sharply as she walked through the gate.

"I'm reporting this incident," Howard said. "I don't have to take insults from you!"

"What insults! You're the one with the attitude," Fran said angrily, walking off toward her room.

- - - - -

Questions for use in discussing "Guarding the Door":

Can you sum up Howard's concept of his role in a word or a short phrase? What alternative concept for his role would you suggest?

What might have been a legitimate objective for him to have as he talked with Fran, given the circumstances? Once we have stated his goal, what other approaches might he have used in talking with her, in order to accomplish it more effectively?

What was he trying to accomplish by speaking to the child? How legitimate was this objective?

What did he actually accomplish? What tone has he set for his relationship with Fran and the child from now on? How could he improve this situation?

GUARDING THE DOOR - VERSION 2

"Hello. Let me see your ID, please," Howard said to the young woman who came toward him as he stood at the door. She had a small child with her.

"I don't have it," she said. "I left it in my room."

"Well, let's see, how can we prove you belong here?" Howard said.

"My name is Fran Chelsea, and this is my little girl, Julie. We came in last night, and we're in 28. If I could just go get my pack, I have the card right there."

"Okay, I'm going to ask someone to go with you. Joyce!" Howard called out, "can you help out over here?" Turning back to Fran, Howard said, "Let me explain why we have to be so careful. We have had experiences with people trying to take residents' things or even to hurt them. Safety is the reason we require an ID. I hope you will carry it with you all the time from now on. I know it's a nuisance, but it is important."

"I'm not used to this," Fran said. "We lived in an apartment before this, and it was very different."

"Yeah, I know," Howard said. "Well, perhaps you can find your own place again."

"Mommy," Julie said. "I have to go to the bathroom." There was a sense of urgency in her voice.

Howard said, "Joyce seems to be tied up. Why don't you use the visitors' bathroom right over there, and come right back here as soon as you're done."

"Okay," Fran said. "Thank you. I'm sorry I forgot my ID."

"Sorry we have to delay you because of that," Howard said.

- - - - -

How does Howard view his role? Can you sum it up in a short phrase?

What was his objective as he talked with Fran? Did he reach his objective? What revisions in his approach would you propose?

What tone has he set for his relationship with Fran and the child from now on? Is this a positive tone?

UNDERSTANDING BEHAVIOR

The objective of this lesson is to help learners develop an understanding of the diversity of factors affecting human behavior.

Activities for learners:

Imagine entering your program as if you were a parent. Is the process welcoming, safe, confusing, alarming? What does the space arrangement convey to you? How do the first people you meet come across? Then do the same exercise from the viewpoint of a child who enters the program. If you can, get down to a child's eye level to see how the place appears.

Identify the types of other people's behavior that are difficult for you to deal with, e.g., a client's lack of motivation, aggressive behavior, rule-breaking behavior, dependent behavior, etc. Explore some of the factors that may make dealing with these behaviors difficult for you. Discuss with your colleagues how they feel about these behaviors, and how they handle them. Can any of their approaches be a guide for you, or are they strange to you? What new knowledge or skills would be helpful in dealing with these behaviors that are a problem for you?

Select some examples from among your clients who engage in the behaviors identified above. Try to imagine how the behaviors developed. What in the past reinforced the behavior for the person? What in the present situation supports the continuation of the behavior? Is the behavior useful to the person, even though it is problematic for you?

What assumptions are you making about human behavior as you think about these matters? What assumptions does your organization make about human behavior and how to deal with it? In what ways do you share the assumptions of the organization, and in what aspects do you disagree or have significant questions?

Think about yourself. How do you usually influence people whom you know? What factors influence your behavior? What kinds of responses do you usually stimulate in other people? What kinds of responses are hard for you to get from others? Is there something about your approaches to people that you would like to change? Who in the organization could help you work on making such a change?

Some questions for discussion:

In what of the ways listed in the reading--biological, experience, present environment and responses to workers--are homeless family members influenced by the experience of homelessness?

How does the experience of being involved in your program tend to change the behavior of clients from what it was before they entered the program?

Can you find out how the experience of being involved in your program impacts on clients' behavior after they leave?

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UNDERSTANDING BEHAVIOR

A person's behavior comes from at least five different sources. Experts disagree about which of these sources is the more important. Each should probably be considered an important contributor to the behavior that you observe (and carry out yourself).

Behavioral Source #1: Physiological. Children born to the same parents and living in the same circumstances may differ markedly. Part of this difference is in their temperament. The young child's attitude toward the world may be placid and accepting, or probing and adventuresome. How well children handle frustration, how energetic they are, what they are allergic to and many other factors may be shaped by their biological makeup.

Children's capacity for performing certain activities--mathematical capability, musical and artistic talent--are among the elements of their personalities that seem to be at least partly determined by inheritance.

Certain events in the child's physical life, both before and after birth, also have an impact on the child's behavior. If the child's mother is exposed to diseases during pregnancy, the child's mental capacity, hearing ability or other physical functioning may be affected. How well nourished the mother is during her pregnancy, and how well nourished the child is when young may play a large part in how well the child can learn later on. If a child is exposed to lead, perhaps through living in a run-down old building with chipping paint, the child's cognitive development will be negatively affected.

Diseases to which the growing child is subject may also influence later behavior. Disease, accidents and injury may lead to disabilities that affect the person throughout life.

The use of alcohol and drugs may lead to physical dependency, as well as influencing behavior. Even if people stop using them, there may be lasting brain damage that influences their ability to think and function.

Behavioral Source #2: Experience. Children are raised in a family or by some other nurturing person or group. The influence of these early caretakers is important. Adults' ability to trust, to accept their bodies, to handle their relations with others successfully, to work, to manage their sexuality and their intimate relationships are powerfully influenced by their early experience.

As children mature, their experiences in school and with peers also have an important influence on the kinds of relationships they form later. From these experiences,

children may learn either cooperative or destructive ways to exert influence and to solve problems.

Behavior toward helpers may reflect clients' relationships with parents--their earliest helpers--and also of their history with professional helpers and authority figures of various kinds. Quite competent helpers sometimes find themselves being skillfully manipulated by very young children, who have since birth been practicing the art of influencing authority figures. What clients have learned in these earlier situations may not be helpful to them in the present situation. They may need to learn new ways of dealing with helpers in order to accomplish their goals.

Behavioral Source #3: The Present Environment. The conditions of the clients' present situation will be very influential in shaping their behavior. Depending on the people, spaces and influences that surround them, they will respond in different ways. They may try to compete with some of the people around them. They may "catch" the negative behavior of others. They may be intimidated by some people, and withdraw, or challenge them. They may closely ally themselves with others for protection and companionship. They may connect with people who support efforts to cope, or with people who undermine those efforts. There are many possibilities.

The behavior that is officially expected in a situation is a strong influence on behavior. Some people will respond by following the rules, and others will respond by defying them. A lack of rules has its impact as well: it may lead to testing behavior by both clients and workers that will probably lead to the making of rules.

Sometimes behavior seems quite inappropriate in the present setting; it is not understood by the observer. It is helpful to remember that from the standpoint of the person who is performing the behavior, it makes sense. When workers do not understand, it may be helpful to ask, "What does this behavior accomplish for the person, whether they intend it to do so or not?"

-Does it gain them attention from others?
-What audience are they hoping to gain attention from?
-Does it keep people at a distance?
-Does it give them a position of leadership among other clients?
-Does it distinguish them from other clients, so that they are not just like everyone else?
-What does the behavior do to the staff?

Determining the impact of a given behavior on the situation is often helpful in understanding it.

Behavior Source #4: Response to One's Own Family. People respond differently to family members than to other people. They are less able to see relationships with family members clearly, than they are are able to see those with other people. Certain very basic needs and urges influence behavior with family in ways that are not so intense with outsiders. These may involve competition with siblings for parents' approval and attention. They may involve feelings of obligation, of embarrassment, of impatience, of entitlement to emotional support, and other strong feelings.

Since the program is probably dealing with the family as a unit, these feelings are more likely to be experienced and visible than if the program were working with family members separately. Family members are experiencing:

-the stress of homelessness
-the stress of living surrounded closely by strangers, with little privacy
-the loss of possessions that helped them to have a sense of identity.

Adaptations of family behavior to these conditions are may be extreme. Perhaps most living situations for homeless families could be thought of as "living in a pressure cooker." It is likely that the experience of homelessness, if it lasts for more than a brief period, will change the family in important ways.

Behavioral Source #5: Response to the Worker. People respond to each worker, and to the role the worker plays, in different ways. Each relationship's interactional chemistry differs slightly, even when the same roles are involved. That is why some workers playing the same roles are more effective than others with a particular client.

All of these sources of behavior interact to create very complex patterns of behavior:

The physiological given of a person is responded to by early caregivers;
the caregivers' style of nurturing influences nutritional support and emotional reponses in the growing child;
physical constitution influences and is influenced by children's activities, and so on.

The experience of homelessness will have an impact on all members of the family, both in the present and the future.

These different ways of thinking about behavior influence organizations in planning how to approach homeless families. More than one factor has to be taken into account

when one is trying to understand behavior.

SETTING LIMITS

The objective of this session is to help learners understand the necessity of providing limits for clients and for themselves.

Some questions for discussion:

How do you feel about the limits that are prescribed by organizational policy? Are you completely familiar with all of them, and with the reasons they have been established? Are they all written down? Do clients get them in writing?

What penalties have been worked out for rule-breaking? Are they standard, and matched to the seriousness of the rule-breaking? Are there also rewards and privileges that support good behavior?

How do clients feel about rule-breakers?

What strategies does the organization have for dealing with clients who consistently test limits? Do all shifts and all workers within each shift present a united front?

Do you sometimes get into situations where clients expect you to do more than is reasonable? What could you do to minimize the number of these situations without presenting yourself as an uncaring person?

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SETTING LIMITS

It is impossible to operate a program for families without setting limits for those who participate in the program. Where policies and rules have not been defined, situations are bound to arise that will require the organization to define them. These areas may involve issues such as eligibility requirements, participation requirements, visitors, drug abuse, child abuse and neglect, evictions, etc.

It is difficult to work with homeless families without setting limits for one's self as a worker, as well. Families that are homeless are needy; they have in many cases used up all of their relationships in their quest for sanctuary. They may need to test whether the worker is also going to reject them. It is possible to spend all of one's energy and still be far from satisfying everyone's need for attention and assistance. The problem is how to set limits for oneself while at the same time appearing to be, and feeling oneself to be, a caring person.

Part of the answer is in the worker's frame of mind. Can the worker maintain a sense of perspective when demands become too great to manage? Can the worker keep in mind that even though the present request is the twentieth in the last hour, the client who is making it does not know about the other nineteen? Can the worker remember that each client is a unique individual, even though he or she may be similar to other clients? Can the worker be clear that each client is likely to have to work through similar processes of denial of the difficulty of the situation, of feeling abandoned, of anger at circumstances, of depression, of fantasy wish-fulfillment, and other common feelings, even though many others have gone through these phases before?

Yet while remembering all this, the worker must express clearly what is required, so that sympathy for the client does not blur the need to require the client take care of the tasks and follow the rules that are part of the structure of the environment.

Especially with extra-demanding clients, it may be helpful to stress the limitations imposed by organizational policy. Otherwise, the worker may feel as if he or she were being cruel, even though the client is being unreasonable. Carefully following the rules in such situations takes the personal burden off the worker. It is important to remember that the worker is performing his or her duties as an agent of the organization, not as a personal act of goodness.

The extremely needy quality of some homeless family members appeals to some workers' needs to make heroic rescues. These heroic impulses do not, however, fit the

fact that homeless families must in the long run find their own way. Extraordinary efforts in the family's behalf make the worker look and feel good from a certain perspective, but they usually do not help the family mobilize its resources to solve its own problems. Great efforts by the worker also tend to raise the expectation that they will continue.

The staff needs to help parents set limits for their children, too. This will be easier if parents are clearly and repeatedly informed about the rules, and given the expectation that they must be the primary limit-setters for their children. Children, like everyone else in the situation, need some structure to provide a basis for their actions within the program.

Where penalties have to be prescribed for rule-breaking, they must be known ahead of time, and calmly imposed. Such consequences might include loss of privileges, implying that there need to be some pleasant and rewarding things about the program that can be withdrawn. For serious offenses, suspension or barring from the program may be required. Penalties need not be severe, but they should be imposed as soon as possible after the discovery of the behavior. An immediate response is the most effective one.

It is essential for all staff members to have a uniform approach to limits. Otherwise, the rules will be seen as arbitrary and unfair, and workers will be pitted against each other as clients challenge the structure of the program.

A serious challenge for staff members, especially in residences where more than one shift operates, is maintaining a consistent attitude toward limits. Often the evening staff and the night staff will have different responses to infractions, and both of these will be different from the day staff's responses. It is very important to try for uniform responses from all staff members, so that clients will know what to expect.

It is useful to remember that at least part of the meaning of a penalty is to remind other clients (and staff members) that the rules and policies are to be taken seriously. Clear enforcement policies will reassure clients about the structure, and will lessen the amount of testing that goes on.

The shelter was a large room with a string of cots down the middle. Everything that anyone did was visible and audible to everyone else. When Ann Jones and her seven-year-old son Victor came to the shelter, it was immediately apparent that Victor was full of energy.

June, the director, remarked on this when she interviewed Ann. "He certainly is a lively boy," she said.

Ann said, "Yes, he is a handful. I lost my last apartment because of him. He kept riding his Big Wheel across the floor at two in the morning. There were no rugs on the floors, and the landlord lived downstairs. So we had words, and when it happened again we were out."

June asked, "Couldn't you stop him from doing it?"

"He's a determined little cuss," Ann replied. "It seems like he has so much energy, he doesn't know how to stop."

"That may be a problem here," June said. "Everyone sleeps next to everyone else. If he disturbs people during the night, we will not be able to keep the two of you here."

"Where am I supposed to go?" asked Ann. An edge crept into her voice. "It's hard to find a place out there."

"Yes, I know," June said. "But the guests here are entitled to a quiet night, because they are under pressure, just like you are. It's hard to sleep in the big room as it is. It will be very important for you to let your son know that he must not be noisy at night."

"Why don't you talk to him? Maybe he'll take it from you," Ann suggested.

"But you are his parent, and in charge of his behavior while he's here. The shelter policy booklet that you have in your hand says very clearly that a parent is responsible for the behavior of her children," June said. "I hope you understand how important it is to every other guest that you handle the situation with Victor."

"I'll be truthful with you," Ann said. "I don't have very much luck at keeping Victor quiet. I expect that he's going to be excited by all the new things here, and be harder to keep calm than usual. I don't know how this is going to work out."

June said, "You're probably right that the new situation will excite him. Can you give him a good workout right after supper, so that he is more tired by bedtime?"

"I guess I can try," Ann agreed. "Wish me luck."

"Have you had him tested for hyperactivity?" June asked.

"The school said they didn't think he was hyperactive, but they did think so for a while. He's never been officially tested," Ann responded.

"Let me suggest that if he is awake and restless during the night, that you take him outside into the play yard, and walk around the yard with him," June said.

"Don't you have someone here at night who could do that with him?" Ann asked. "I am a pretty sound sleeper, and it is hard for me to wake up."

"Then you'll appreciate how much other people want to have an undisturbed sleep, too. I don't want to be hardnosed about this, but I hope that I have been clear about your responsibility to help Victor be quiet."

"You don't have a little extra room somewhere where he and I can sleep separately, do you?" Ann asked.

"I'm sorry, we don't," June answered. "Someday we hope to have a building with separate rooms, but we don't have it yet." She stood up. "Welcome to the shelter. If I can help you in any other way, please let me know."

"Okay," Ann said. "I hope I'm going to be here tomorrow night."

"I hope so, too," June said brightly. After Ann left, June wrote a note to the evening and night shift supervisors, outlining the problem and suggesting that they also reinforce Ann's responsibility for controlling Victor.

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Questions for use in discussing "Ann":

How would you describe Ann's attitude toward her son? How would you encourage her to take more responsibility toward Victor's behavior?

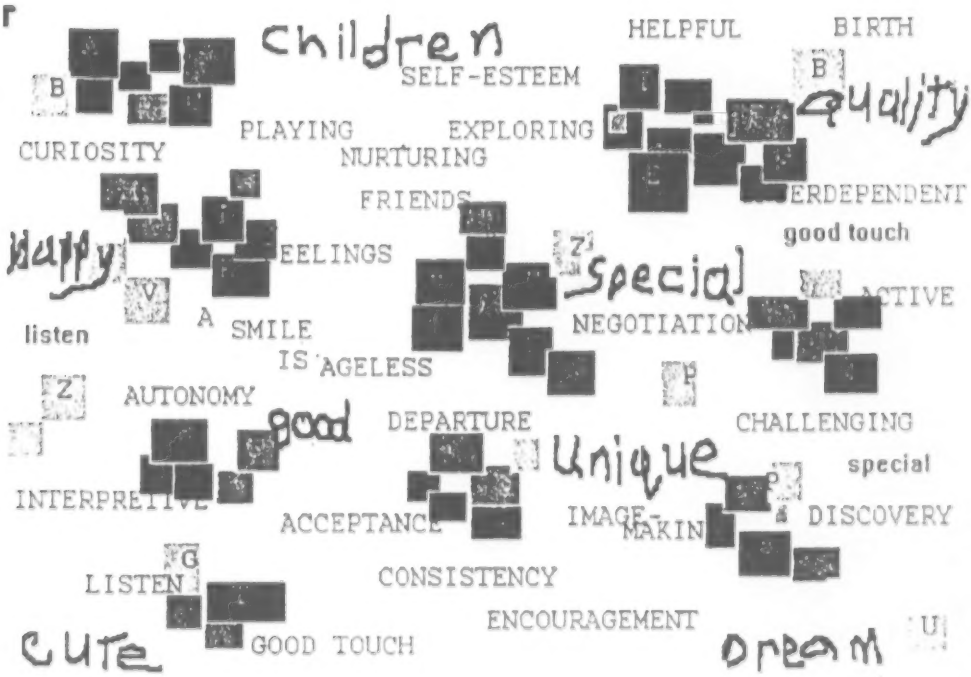
Do you think that June handled the situation effectively? What was she attempting to do? Why? How would you improve on her performance?

Do you think that the expectation that parents should be in charge of their children in a shelter setting is a good policy, or not? Why, or why not?

Seton House

Emergency Transitional Housing for Single Parent Families

Children



TRAINING MANUAL

AND

GUIDELINES FOR SETON HOUSE

CHILDRENS' PROGRAM

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EMERGENCY PROCEDURES

a) Tornado warning and other severe weather forecasts:

The basement is the safest area. Notify all residents and staff of the forecast and urge them to join you in the basement. Ask them to bring a pillow and a blanket, and a snack if possible. Stay tuned with radio or television to the weather updates. Do Not allow children outside for any reason until the weather emergency has past.

b) Medical Emergencies should employ common sense. The First Aid book and kit are located in the shelter office. If the mother is available, contact her. Seek assistance from staff members if necessary. If the need for medical assistance is beyond your abilities call:

a) The Child's Physician

b) Homeless Clinic - 235-6116

c) POISON CONTROL - 1-800-955-9119

d) 911 for an ambulance

If a child must be taken to the doctor's office or emergency room and the mother cannot be located, accompany the child to the emergency room and have someone try to notify the mother. Be sure to take the child's medical release form to the doctor's office or hospital with you. THIS IS CRITICAL. These forms are located in the child's folder.

c) Trespassing by unwanted person (i.e. hostile father, boyfriends, etc.) or missing child--- CALL THE POLICE 911 IMMEDIATELY.

No child is to leave the premises without written consent from the mother (signature on off-grounds permission slip). No child is to be picked up by anyone except the mother - unless the mother hand delivers her written permission to the staff person. NO EXCEPTIONS!!! Place all permission slips in the child's folder.

d) Any need for the Fire Department - Evacuate the Danger Area
Call 911 Immediately!

Give clear, calm, information. State the problem and the address: Seton House
324 E. H Street 234-1119

Evacuate the rest of the building

SAFETY FIRST

One of the purposes of the Seton House Children's Services Program is to provide a safe environment for all children in our care. Without safety first, nurturing, caring, and mothers' trust, cannot be accomplished.

a) When the children arrive make a quick observation as to their attire. Is their dress appropriate for the day. If not, catch their mother before she leaves or enlist the aid of a staff member to get needed items from the apartment (i.e. jacket, shoes, socks, hat, swimsuit). The children need to have shoes or sandals on to protect them from getting their feet cut.

b) If the child arrives ill, call the Coordinator to locate another volunteer to watch that child in his/her apartment. Inform mothers that they cannot bring sick children to the Children's Center, but a person will be provided to watch that child if the mother has appointments. If you cannot reach the Coordinator by phone, do feel free to phone other volunteers on the volunteer list, if available.

c) While on duty, it is critical that you be ever watchful and aware of where each child is, and what they are doing. This requires some conscious effort. If you are working with another person and watching several children - verbally split up the children into two groups. If on an outing, tell the children which person they are to be with. Continually count noses.

d) Always survey an area for possible dangers. Dangers will vary with different ages ranging from electrical sockets and hard corners for the toddler, to jagged wire, or popsicle stick for the active 7 year old. Always be watchful that games and activities are <u>age and ability appropriate</u>. For example: games with small pieces are not appropriate for children who still put articles in their mouths. Until you are certain in your mind that the child is capable of monkey bars, be close at hand to help the child should he slip. If you determine the activity does not match the child, separate the two and look for more appropriate play.

e) Always explain in simple terms <u>why</u> he/she can't....run into the street after a ball or....fly a kite around wires.

Everyday events are great teaching opportunities, don't miss them. A "NO" without a reason requires an endless string of "NO's! Once the child learns the "why's" he'll automatically teach others.

Immediately separate any child who is hurting another child. Do this with firmness and explanation. (see Discipline). AGAIN, the children must feel safe in the Childrens' Center.

PREVENTION COMMON SENSE EXPLANATION OF "WHY"

CONFIDENTIALITY

It is imperative that all residents' identities be kept in strictest confidence. They have the right to tell others but we must not. Further, do not discuss one resident with another! If you must vent about your day - do it with a co-worker, or in generalities. NO NAMES. Client trust is critical...do not sacrifice it! You will be given critical information by the Coordinator on a "need-to-know" basis. Do not discuss it with anyone! Do, however, report observations and information you feel could be helpful, to either the Children's Program Coordinator or the Shelter Director.

Read Handout - CONFIDENTIALITY

SUSPECTED ABUSE AND OTHER REPORTING

Do report any <u>suspect</u> comments or physical marks that <u>might</u> indicate abuse to the Coordinator or the Shelter Director. Take no immediate action. Be a good listener and observer, unless the child is in immediat danger. If a child is in harms way, verbally ask that the abusive action be stopped. If no response, inform the abuser that you will be phoning the authorities and do so. If the abuse stops at your request, separate the child and abuser and if possible have someone talk to each. DO NOT BE JUDGMENTAL! Call the Children's Program Coordinator or Shelter Director for further actions necessary to address the problem. <u>Again - safety of the child comes first.</u>

INTERACTION WITH THE CHILDREN

a) Role Modeling is the all-time master of teaching. Know that behavior is learned. The way a child responds to life's challenges is probably how he has seen others respond. GOOD NEWS - a learned behavior can be modified, cancelled, or reinforced by how others respond. A new role model gives the child a new choice of responses.

Example: It is good to tell a child he should apologize when he is wrong. It is better if the child sees you apopogize for one of your mistakes! It is good to encourage the child to pick up his toys with a smile. It is better if you lead the parade by helping pick up toys cheerfully. It is good to tell a child not to get angry over losing a game. It is better if the child sees you lose with grace saying, "gosh, that was fun - I just love playing, even when I lose...games aren't for winning, they are for playing."

You can also learn a lot about the child's life and thinking by getting the child to role play. Role play comes naturally for children. Engage them in playing house. Allow them to be parent - they will do as mommy does, and act as daddy does. Allow them to play out this script.

The scary part of Role Modeling is knowing that little eyes and ears are always taking notes. You have a golden opportunity to teach by doing.

b) Active Listening means listening not only to what is said, but to:

1) How it is said - tone, inflections, the attitude of the statement (joking, serious, monotone)

2) The non-verbal messages. Eye contact, body language, interactions with others/children.

3) What is left unsaid. Does the subject or tone of the conversation always change when (Dad, Uncle Bob, etc.) is mentioned.

Active listening is hard work and conscious effort must be made to not only hear and understand the real message, but to encourage the child/mother to feel at ease enough to talk freely. Some General Rules apply. 1) Don't say, "I know how you feel," if you've never been there. Say, "Life isn't always fair." or "That must really hurt." This leaves an opening for the conversation to continue and indicates you are listening with your heart. 2) Try to lead the conversation to a closing action...using thought provoking questions. "What is it you need now?" "Is what you are doing working?" "What would you like to change?" "What do you need to do to make that happen?"

If totally out of your field, or you don't know how to react - delegate..."Boy, thats a new one on me, but I know who can help - let's (ask/call/tell) the Coordinator." Then follow-up "Have you discussed your problem with the Coordinator yet?"

c) Developmental Stages

All children develop at their own individualized pace. Children with a less stable environment are likley to be behind or plateau at certain levels of development. This is not to say they are retarded or slow, but interfered with "normal" development. Always accept a child where they are and encourage each step (even the little ones) forward.

If you sense or observe that a child may have a major developmental problem (i.e. motor skills, can't read, speech handicap,) let the Children's Services Coordinator know your concerns ASAP.

d) Discipline

Be a friend, first, and children are more apt to want to please you, by following your instruction. Correct with explanations. Help the child understand WHY he can't act in a certain manner and explain or show how he is expected to act. Always let the child know you like him, not just his actions. Older children can be taught to make good decisions. Give choices. Always explain the consequences of each choice. ex. "Mary if you keep writing in the storybooks, you won't be allowed to read them. If you want to draw you can use drawing paper. If you are angry we can talk about it." Try to help the child figure out his own feelings and learn better ways of dealing with them.

Remember that yelling is out, calm is in. If the child is to upset to listen or work with, use the quiet room. This is not punishment. DO NOT present it as such: Bad example - "Go to the quiet room until you can behave!" Good Example - "I want you and Magen to work this out just as soon as you can - without screaming. Please, give yourself a minute to think about it first. You can talk to Magen and I as soon as you calm down. You'll feel better after a break." Good Example - "It will be O.K. Everyone gets mad - now we'll learn how to quiet the mad, so we can think better." Good Example - "It's important to learn to take control of our emotions (feelings) - so we can go back and play". Good Example - "I know your hurt and I want to hear your side, just as soon as you can tell me without screaming. I'll be here to listen when you are ready to talk".

If a child is extremely angry and needs an adrenaline release, take him for a jog around the building or allow him to use the punching bag or hit pillows.

Always look for things to compliment and praise. Some of the most rowdy children are merely starved for affection and only need a positive word to become the best helpers.

Know that we as staff can not possibly know what traumas these children deal with every day! Never put them down, or be harsh in judging their actions. They need:

1) Acceptance - First
2) Consistent, fair structure
3) Encouragement always, and
4) A place to dream

You as a volunteer can give them all of these things.

INTERACTIONS WITH MOTHERS

Mothers also learn by observation. So, do allow Moms to accompany their children to the Childrens' Center and on outings, if they want to participate. Often a Mom will feel better about leaving her children if she gets to know the care provider first. Always welcome the mothers and include them with cheerful acceptance.

Some Mothers do not have good parenting skills. This is not because they are not good parents but because they have never been around anyone with good skills. Know - they are doing the best they can at this time. Never put down a Mom or be critical of her. If you need to give her a message of instruction - do it in private or state it as a suggestion. Example: "I wonder what would happen if you tried holding the baby this way to feed him?" Example: "Both you and Johnny look so tired, would it help if you took a short nap? I'll watch for awhile."

Again, be an active listener with Moms. Some days they just need a listening post - it is not necessary to make any comments. Just listen Do include the Mom's who come to the Childrens' Center on the Data Sheet. Relay any information you receive to the Coordinator. Always try and leave the Moms with hope and encouragement. Especially let them know the positive side of their children. To often parents are only included when a child is out of hand. Be the exception and go out of your way to relay the "good stuff".

OFF - GROUNDS ACTIVITIES

Any activity off grounds will be pre-planned by the Children's Program Coordinator. Any child who will be included in these plans MUST have a permission slip signed by his mother on file for these events.

Be ever watchful of the whereabouts of all children off grounds. Also be alert to any unknown adult who seems to be taking an exaggerated interest in the children. Occasionally these children will be targets for kidnapping by another parent or relative. If this ever happens, stay calm and intent on collecting helpful facts, (descriptions, car license, etc.) Call 911 immediately.

Again divide the number of children between the number of residents and let the children know who they are to stay with. Fun is possible only after safety is insured. Let the Coordinator know your observations of the events (positive? ideas to improve?)

THANK YOU

No Training Manual would be complete without a Huge, Heartfelt Thank-You! You are a glowing example of the warmth of the soul of man. Giving without thought of getting is a beautiful gift indeed.

May your gift be eternal in that you present a role model to those you give to and they in turn will be touched and relay your gift to yet another.

Our Most Appreciative
THANK YOU!

Rev. 6/94 Mother Seton Housing, Inc., Casper, Wyoming

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DEVELOPMENT IN YOUNG CHILDREN

The objective of this session is to help learners review the phases of development for individuals, especially young children. This very brief summary should be supplemented by readings or other sources of information.

Questions for discussion:

Can you identify behaviors in the children who participate in your program that exemplify the developmental stages described in the accompanying reading?

How does being homeless interact with the various developmental stages that children in your program are going through? Do you see individuals who are experiencing delayed development?

How does being homeless interact with the developmental stages that adults in your program are going through?

Do you remember times from your own childhood? What were some of the issues that you struggled with? (You may or may not want to share them with your colleagues.) Did you have to deal with loss, with being uprooted, with being expected to be more mature than you were ready to be? If so, what was that like for you?

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DEVELOPMENT IN YOUNG CHILDREN

The major reason to learn about development in young children is so that one does not expect a child to do something that he or she is not ready to do. In that direction lies frustration for both adult and child. A second reason is to be able to recognize when a child is falling behind.

Being part of a homeless family will tend to make a child fall behind the usual developmental progress. This is partly because of the emotional stress the child experiences and partly because many of the usual experiences that children are able to use in growing up are not available to children whose families are in transition. For example, the child will lose contact with friends, family members and other significant people by moving around. A break (or perhaps many breaks) with a stable classroom situation will lead to falling behind in school. The child may also lose familiar toys or items that help the child to feel secure because of the difficulty of keeping things safe while making frequent moves.

Another thing to remember about developmental milestones is that children experience wide variation in their progress toward them. Some children are toilet trained, for example, at two years, and others are still not trained at three and a half. If this variation is true among children in normal situations, it will be even more true among homeless children.

When do children start to learn? Research has shown that they are learning as soon as they are born. They soon recognize the faces and voices of those who care for them, and learn from the responses of the caretaker whether they prized individuals or unwelcome burdens.

Infants learn very basic information: who's related to me, how do I get fed, is it safe here, will someone come if I'm uncomfortable? Newborns are not very mobile, but as they get older (but still within the first year), they begin to explore the immediate world using their hands and mouths, start to crawl, begin to make word-like sounds, imitate adult sounds and behavior, play peek-a-boo.

As children approache one year of age, they become fearful about mother's absences, begin to speak first words, explore more assertively, feed themselves awkwardly, may begin to walk, become sensitive to adult feelings and become aware of being approved or disapproved for behavior.

The toddler (from walking to second birthday) uses play to explore the world. Toys are an essential part of this play; they are the means the child uses to manipulate and

control her mental and emotional environment. Playing and learning are the same thing to the child. Many homeless children are deprived of the opportunity to use play to understand what is happening around them, because of a lack of space or because circumstances (sitting day after day in a welfare center, for example) do not allow the child enough freedom to play.

During the first part of the toddler period, the child usually does not say a great many new words. (But talking with the child about what is going on, naming activities and objects, is a very helpful preparation for the explosion of words that usually comes during the latter part of toddlerhood.)

The child shifts back and forth from rather extreme independence to dependence during this period. As he or she tests the feeling of separate personhood, the child will often refuse to cooperate and will challenge the parent for control. (The parent in these situations needs to divert the child and make necessary tasks into games whenever possible,, rather than forcing the issue.)

Temper tantrums will probably occur when the child becomes very frustrated. The child will test the limits of behavior, perhaps by biting and kicking. This is the beginning of a challenging time for parents, and it is difficult to manage it well if the family is living in uncomfortable or transitional conditions, where exploration and play may be difficult to manage. (Living situations for toddlers must be "child-proofed," meaning that dangerous objects must be securely put away and fragile objects placed out of danger.)

The child from two to three will probably become more assertive and difficult to manage. At this age, the child is especially sensitive to changes in the family's living situation. The child requires stability, even though the child is changing rapidly. The child at this age will resist sharing things with other children. The child will often resist being rushed, and will make a simple task take a very long time. This is a part of establishing independence.

The "terrible twos" will involve much more difficult kinds of behavior until they are over. The child may strongly resist what the parent believes must be done. (It is better not to take these incidents personally; try to divert the child or help it find a substitute way of expressing anger. When the incident is over, ignore it.)

The child may be ready to be toilet trained in the late twos or early threes, once control over bowel functioning has developed. (The disrupted living associated with homelessness is likely to make this process more difficult.)

Between the ages of three and five, the child becomes easier to live with. The child will gradually enter into play with other children on more of a sharing basis. While strong self-assertion will continue, it will be less frequent and will be balanced by the child's growth in social skills and learning about the world.

The child of this age will be interested in learning to identify letters, and by the end of this period may be able to write his or her name.

The child will gradually learn more impulse control, and by the end of this period will be much more able to talk about feelings, rather than acting them out. The child will show interest in sex, and form basic attitudes toward sexuality during this time.

As the child reaches school age, developmental progress will more and more be defined in terms of school achievement and peer relations. The patterns laid down during the early school years will help to shape the child's ability to work and get along with others later on in life.

All of these early experiences have an impact on later development. That is why the disruptive experience of homelessness is so serious: these children are not just being delayed now. The effect of the experience will be with them throughout their lives.

ROSE

Valerie came into the shelter office. "Something is going on in Rose's room," she said quietly, and then went out quickly as if to pretend that she had not stopped there.

Carol got up and walked upstairs to the bedroom area. She heard a high-pitched wail coming from the room where Rose was staying with her 3-year-old son, Roger.

Carol knocked on the door, and Rose opened it quickly. Carol could see Roger standing stiffly by the window, his shoulders hunched, tears running down his contorted face. He was the source of the high-pitched noise.

"Hi," Carol said. "I wanted to see you about a meeting tomorrow. Is something wrong?"

Rose hesitated. Then she sat down. "It's this boy here. This very, very bad boy."

"What's the problem?" Carol asked.

"He won't do what I tell him," Rose said. "We came home from the welfare; we were there all day long, and he decides to get stubborn."

"It must have been a long day for both of you," Carol said.

"It was," Rose said. "It certainly was. Which is why I don't need his aggravation."

"What did he do?" Carol asked.

"He took off his clothes as soon as we got in the room, and he wouldn't put them back on when I told him to." Rose's tone showed that she was very annoyed.

"So what did you do?" Carol asked.

"I spanked him with a shoe. And maybe I got carried away a little bit. But it was for his own good."

"You must have been very mad at him to do that," Carol said. "Does he usually dress himself without help?"

"Not all the way," Rose answered. "I usually have to start him. But I figured this time that if he did something to make more work, I wasn't going to be the one to take care of it. I've had enough trouble today. So I tried to make him do it. But he got stubborn, and he wouldn't."

"<u>Can</u> he?" Carol asked. "Can he dress himself?"

"Well, I don't really know," Rose said in an exasperated voice. "He's seen me do it enough times. It's time he learned."

"Most children his age can't dress themselves without help," Carol said. "They need to be started, just like you have been doing with Roger."

Rose did not answer right away. "Well, it's been a long day," she finally said.

"I'm sure it has. Rose, you remember that when you came into the shelter we talked about a rule about not hitting kids?"

"Yes." Rose remembered, and her anger began to cool.

"And I expect you remember that I said that if someone did, that we would report it to Child Protective Services."

"Yes," Rose said, and suddenly she was close to tears.

"So I'm going to do that, because that's what the rules require."

"Yes," Rose said submissively.

"Have you considered coming to the parenting group?" Carol asked.

"I remember you telling me about it." Rose's voice was almost inaudible.

Carol said, "I want to recommend it to you again. For two reasons: one is that it will help you when Protective Services investigates. The second reason is that you probably would learn some useful things about how to deal with Roger. This is a stressful situation for both of you. All of the mothers here need all the help they can get, just to deal with it."

"Okay," Rose said without enthusiasm.

"How was Roger while you waited at welfare?" Carol asked.

"Oh, he was very good," Rose said. "We had to sit all day. He played quietly with his little cars most of the time. He didn't get to take a nap, though, and I guess that didn't help now."

"I think he's a pretty good kid, myself, and I think you're really a pretty good mother. You have to recognize that both of you are under a strain, and be a little bit

easier on both of you." Carol smiled at Rose, and got up to leave.

"You still going to report me?" Rose asked quietly.

"Yes. That's the rule," Carol said. "We are very serious about that rule." She laid her hand lightly on Rose's shoulder as she said it.

Rose sighed. "I guess so," she said. She beckoned to Roger, and he came and sat tentatively next to her on the bed.

"The parenting group is tomorrow at two," Carol said. "I hope to see you there."

"Do I have to talk about this?" Rose asked.

"No, not at all. Only what you want to talk about. You probably will be able to be helpful to some of the other mothers about things they are concerned about."

"Okay," said Rose a little more lightly.

Standing in the door, Carol looked at Rose. "These are tough times."

Rose smiled a little. "You're telling me!" she said.

- - - - -

Questions for discussion of "Rose":

What did you think of the way Carol handled the situation? If you are critical of her approach, what would you have done differently?

If she thought Rose was a good parent, why did she report her to Protective Services?

Why is the rule about hitting so strict?

What is likely to happen when the Protective Services worker visits Rose?

OBSERVATION SKILLS

The objective of this lesson is to help learners become more aware of the skills required to observe effectively.

Some activities for learners:

Spend five minutes in the company of a child, without interacting with the child. Then go and write down everything that you observed. Write on a piece of paper that is divided in half vertically. Use the left-hand side to record every detail that you can remember. Include the input from as many of your senses as possible. On this side of the paper, do not mention any interpretations of what the behavior meant. Then on the right-hand side of the paper, write down your ideas about what the child may have been thinking and feeling while engaged in the behavior you listed on the left. At the end, discuss how it felt to carry out this exercise. Were you surprised at the amount that happened in five minutes? Were you able to keep interpretations out of the left-hand column?

(Instructor: carefully review the exercises. Inspect the left-hand column for data that is not observable. If a learner has included ideas rather than observations in this column, point this out. For example, if the learner has inferred that the child was hungry because the child ate a cookie, discuss whether or not it is possible to know whether the child was hungry. Then survey the right-hand column, to see if the data on the left supports the ideas on the right. Ask the learners to explain how they drew their conclusions. Help the learners develop alternate interpretations of the observed data.)

Make a list of aspects of a homeless child or a homeless parent that you would want to notice when you are getting to know the child. Include health status, how the child relates to others, etc. Make a list of the aspects of a family's communication patterns that you would want to notice when you first get to know them.

Describe situations in which you have made mistakes in observation about someone. What led you to make the mistake? Describe situations in which you were especially perceptive. What clues led you to understand what was happening?

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OBSERVATION SKILLS

Observation is the means we have for finding out what is going on in a situation. It is very important in working with clients. It may require the use of nearly all of our senses. Our sight may identify unusual behavior. Our hearing may sense a significant emotional undertone in a routine spoken communication. Our sense of smell may tell us that someone has been drinking, or that a young child needs to have a diaper changed. Touch may suggest that a person has a fever.

In addition, we may employ our memory to compare present behavior with the way the person acted the last time she was observed. We use our knowledge to assess whether a child is behaving like other children of the same age. Our intuition may tell us that something that is not easily observed is going on in the situation.

We use our focusing ability to screen out certain information so that we can "zoom in" on some details that are of special interest. And we refocus on the surrounding situation so we can put the details in context.

All of these skills are important because they help us understand what is going on, an essential step before taking any action. For example, we may observe an eleven-year-old homeless child sucking his thumb in public. Is the child retarded? Is he feeling especially deprived? Is he simply reflecting the stress of homelessness? Is he seriously emotionally disturbed? We know that eleven-year-olds do not usually suck their thumbs, especially where they can be seen. Having observed the behavior, we must decide what it means.

Many people, especially in certain job roles, jump in quickly to correct children's behavior that does not conform to what they expect. They feel that they have neglected their duty if they fail to correct questionable behavior immediately. "After all," they reason, "I am the worker and it is my job to control the behavior of the child." There are times when correction is necessary, but it is often done before the worker understands what the behavior means to the child. Sharp correction should only occur when someone is doing something dangerous (and then it should occur quickly and powerfully). Otherwise, we need to be sure that we understand what is going on before we intervene.

When we observe behavior, it changes. Even if it remains visibly the same, it feels different to the person being observed. It becomes at least in part a performance for the benefit of us, the audience. Sometimes the behavior is done just for us, to test our responses. In those cases, we need to be aware of what our "taking the bait" will mean. Sometimes the test is done to see if we care,

while at other times it is done to see if we are easily shocked. Sometimes it is done to see if we understand what is going on. Each of these types of tests--if we are to pass it--requires a different types of response.

Even as we observe, we are being observed. Our responses, including our non-verbal responses, are being weighed by those we are watching, and by others. Do we look away as a certain behavior occurs? Do we smile, or look upset? Does our complexion change color? Do we move in an uncomfortable way as something occurs? The same non-verbal cues we track in others also give away our feelings.

These non-verbal cues are important, especially when we are observing children. Children are not skilled at describing how they feel. We can learn quite a bit from watching them, however. We can tell whether or not they are comfortable or uncomfortable, and when. Knowing when they are uncomfortable will help us form educated guesses about their state of mind. We also can tell by observing whether they are acting in a manner appropriate to their ages. If they are acting younger or older than their ages would suggest, further observation would help us develop some ideas about why they might be out of phase.

Observation of families includes looking at more than the individual members: it requires seeing how the family members relate to each other. How do they sit in relation to each other and to us, when we meet with them? Who sits "out of the circle," and who sits next to each other? Who looks at whom for cues when talking about the family? Who seems to be the leader? Has a child taken over a parent's role? Does one member frequently distract the conversation? If so, how do the others respond to this distraction? These types of observations may help us understand how the family deals with problems.

One of the challenges of observation is to suspend our usual assumptions in order to see the behavior as objectively as possible. Our assumptions and values govern the meaning of the behavior to us, but they limit our ability to see the meaning of the behavior to the person we are observing, and its meaning to other people who are involved. Experienced observers are able to put their own feelings aside temporarily in order to look at a wider range of possible meanings than they would ordinarily consider.

•LOOKING BAD

Cathy Grant sat behind the screen at the welfare emergency unit. The thin young woman speaking through the screen was very tentative. Her clothes were dirty. "I can't go to my sister's house," she said, "unless I bring money. She isn't the one who minds. It's her husband, he's a very hard man."

Cathy had the authority to provide the money for the woman and her child to stay with her sister. It would be about one-third of what the Department would have to pay for a motel room. But was this a con, or was it real?

"Why won't your sister take you in anyway?" Cathy asked. "She's your sister, isn't she?"

"Like I told you, she can't go against her husband," the young woman said. "He will beat her up, just like that. He beat me up, too...." The woman stopped in mid-sentence, as if she had said too much. "Anyway, she doesn't have the final word. It's up to him, and he won't let us in, unless I have money. You did it before."

"I know," Cathy said. "I see it in the record. Where have you been staying since then?" There was something about the woman and her story that bothered her.

"With a girlfriend," the woman said. "But her landlord said he would put her out if I didn't leave. It was three of us in a one-room apartment. So I left this morning."

"You will have to provide some proof that you had to leave your girlfriend," Cathy said.

"What kind of proof?" The woman's voice became louder. "You people are...." Again she stopped herself. "You mean I have to go back out there and get some letter or something at ten o'clock at night?"

"We have to have some proof. Can you give me a number I can call, and talk to your friend?"

"Okay, okay, it was a man, not a woman. And we had a fight. I don't want him to know where I am. Besides, what happens if he's not there?"

Cathy felt that she was making some progress in pinning the woman down. "I guess you'll just have to sit here for a while, until we can verify your situation."

"I don't think he'll be home, because he was going to be out tonight. Isn't there some other way you can help me?"

"Not until I verify. I have to verify with your sister, too. I am not supposed to just give you the money."

"I know about that. Here's my sister's number." The woman handed Cathy a torn piece of paper.

A weak cry from the tiny bundle in the stroller next to her drew her attention. She picked up the baby, and unwrapped its head.

"What a cute baby," Cathy said without much enthusiasm, because there was very little animation in the doll-like child, whose face appeared to be dirty.

"Can I get some milk?" the woman asked.

Cathy said, "Sure, but is the baby old enough for just plain milk? That's all we have."

"The baby's a year old," the woman said. "It's just small for its age."

Cathy turned to check the record. Sure enough, the baby was nearly a year old. But it looked as if it were a newborn. "Have you talked to a doctor about its weight?" she asked.

"Not for a while," the woman said. "I did before."

"When before?" Cathy asked. "When did a doctor last see the baby?"

"It's been a couple of months," the woman said. "It was at the clinic at St. Joseph's. Dr. Smith, I think."

"I'm really quite concerned about the baby's condition," Cathy said. "It's just too tiny for its age.

"She's small, but there's nothing wrong with her. If you want, I'll take her to the clinic on Monday," the woman said wearily. "I just have to have someplace to stay over the weekend." She closed her eyes.

"I think I'd better call Protective Services to arrange to have the baby checked over," Cathy said. "The baby may be in serious danger."

The woman did not respond. Then a tear slowly ran down her cheek. After a moment, she wiped it away. "Whatever you think," she said.

- - - - -

Questions for use in discussing 'Looking Bad':

What did Cathy notice that led her to be concerned about the woman and her child? Make as long a list as you can.

What possible explanations could account for the situation?

What does 'failure-to-thrive' mean, both in terms of the physical and emotional development of a child?

What kinds of prior knowledge did Cathy have to have in order to make assessments in this situation?

Did anything that Cathy did or said make you uncomfortable? If so, identify what it is, and propose another type of behavior for Cathy.

Long, L.A. (1988) Helping Homeless Families: A Training Curriculum
New York: Long Island City
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LISTENING SKILLS

The objective of this lesson is to introduce learners to the style of listening and reflecting developed by Carl Rogers, the originator of an approach to helping called "Person-Centered Therapy."

Activities for the instructor:

Be sure that each learner understands the guidelines for the approach. These include how to paraphrase, using accurate empathy, responding to tone of voice and body language as well as words, unconditional positive regard, and genuineness. Then set up three-person groups where each learner in turn takes on the role of listener/reflector. Let another member of the group play the role of homeless parent or child, and the third member keep track of how well the listener follows the guidelines. After each person has had about five minutes in the listener's role, discuss the special challenges of listening in this manner. This exercise may be repeated more than once.

Questions for discussion:

For what situations is this approach most effective? For what situations is it less effective?

What is hardest about using this approach? Why?

REFERENCES

Rogers, Carl R. Client-centered Therapy. Boston: Houghton Mifflin, 1951.

Long, L.A. (1988) Helping Homeless Families: A Training Curriculum
New York: Long Island City
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LISTENING SKILLS

Listening involves using our senses to understand what a person is saying. The person may communicate in other ways than verbal ones. If a person looks away, or pauses, at a certain point, it is possible that their feelings about that subject are more complex than they are telling us. The tone of a person's voice may tell us more about what the person really means, than the content does. Listening involves paying attention to more than the person's words, although it certainly involves paying attention to them, too.

One part of listening is to let the person know whether or not we understand what is being said. A technique developed by Carl Rogers called <u>reflection</u> may help to convey our understanding. It will also test whether the speaker thinks we do understand. Reflection involves telling back what we have heard from the other person (including non-verbal messages) in our own words. Using our own words to state the person's ideas is called <u>paraphrasing.</u> It is an active process. It requires us to break into the person's conversation to restate our understanding. If we wait for a natural pause, the person may have said too much for us to capture the meaning in a brief statement.

The process of reflection is helpful to clients because it allows them to hear their thoughts as we have understood them. It allows them to correct our impression, as well as to consider whether or not they really meant to say what they said. Clients often change the meaning of what they said at first, when they hear how the message sounded, spoken aloud.

For example, a parent might say, "I really appreciate what you are doing for me," while at the same time looking rather tight-lipped and unhappy. A careful listener who had developed some rapport with the parent might reflect both the spoken words and the facial expression: "You are telling me that you *feel* good about what we are doing, but you look very uncomfortable." This allows the parent to bring up what they are unhappy about, which may involve contradicting what they had expressed verbally. "Well, I appreciate it, but do I really have to sleep in the same room with all these other people?"

A second essential part of listening is to imagine what the person who is speaking is really feeling. This imaginative process, called <u>accurate empathy,</u> is our effort to understand how the world looks from the viewpoint of the speaker. If we have not been homeless, we may not be able to understand the deep sense of loss that homeless people often feel. We can, however, use our imaginations to imagine what the other person is feeling, using the details that they provide to guide our imagined reconstruction of the reality that they are experiencing.

A third part of the process of listening according to these guidelines is to keep from losing ourselves in the empathetic process. This part of listening, called by Rogers genuineness, involves being aware of our own feelings as we listen to the other person. We need to remember who we are, and occasionally reflect that to the person, even as we try to imagine the other person's view of the world. A caution here is not to project our own feelings and ideas when it would block the other person from expressing his or her own thoughts and feelings.

For example, when the person questions the necessity of having to sleep in the same room with so many others, we may in our empathetic process discern that he or she wants desperately to feel less vulnerable, certainly less vulnerable than the miserable people nearby. On the other hand, we may be aware that this is the only shelter in the vicinity, and that the person we are talking with is lucky to get in. Our telling the person this at this moment would probably end the person's sharing of his or her feelings with us.

A fourth part of the listening process is our acceptance of and respect for the other person, even if we do not agree with the ideas the person expresses. This aspect, which Rogers called unconditional positive regard, involves an expression of interest in and concern for the person. It requires suspending all criticism for the time being and keeping our own values to ourselves. There are many times when we cannot be so open, because we have to explain the structure of the program or introduce some other aspect of reality as we understand it. But the above process is useful when we really want to hear what someone is saying.

This approach may seem simple, but it involves a great deal of self-discipline. Most of us are eager to offer advice and criticism. We often do not allow the other person enough time to clarify their perspective before jumping in with our own viewpoint. Giving advice implies that we know what is best. It also conveys the message that we are strong, and the other person is weak. Sending that message to our client is probably counterproductive, since we want the client to develop self-confidence and to feel that whatever solution is worked out has been arrived at by him- or herself.

This approach can be used with children, who may be playing with some objects we have furnished for them to use in expressing themselves. Young children may be short of words to express complicated feelings, and may have trouble answering direct questions. But if we sit near them while they play, and reflect aloud what we understand of their play, they will often tell us what they are thinking,

sometimes verbally, and sometimes non-verbally.

5:28
3-35

GILDA

Gilda was a very troubling child. She was five, but she did not act like a five-year-old when she came into the nursery. She destroyed other children's play set-ups, ignoring their protests. When she was not attacking, she played by herself, coloring or painting black and red scenes that seemed ominous.

Joe decided to try to find out more about her thoughts through her art. He sat down to paint near her one morning when the other children were out in the play yard. Watching her strong strokes with the black brush, Joe said, "The sun isn't shining in that place, is it?"

"No," Gilda said after a moment's pause. "It's night. It's a scary night."

Joe said nothing, but set up a clean sheet on the easel. He watched her cover her sheet with black. Then she took red and made a box-like shape. She drew something like a door and a window.

"It looks like the house is in a scary place," Joe said.

"No," said Gilda, "that's a barn. It might burn down."

"That is scary," Joe agreed.

"And the horses might all get killed," Gilda said. She said all this matter-of-factly.

"You're not worried about them?" Joe asked tentatively.

"No. It's not my fault," Gilda said. "It's mommy's fault."

"Mm-hmm," Joe said.

"If she took better care, the horses wouldn't have been killed," Gilda said. "It's her fault."

Joe wasn't sure where this was leading, so he was quiet for a moment. He had started to draw a horse standing in a sunny meadow. Gilda saw his picture, and came over to look. She suddenly grabbed his picture and tore it.

Joe did not stop her. He said, "You don't like my horse."

"It was burned in the fire," Gilda said, "along with my dolls. It's killed."

"You won't even let me have a horse, will you?" Joe

asked. "You seem very angry about your horse."

Gilda suddenly burst into tears. "It was my favorite! It was mommy's fault! He's all gone!"

Joe gently put his arm around her shoulder as she cried. "You're worried about whose fault it was, aren't you?" he said.

"She says the fire was my fault!" Gilda cried harder. "I know it was her fault."

Joe held her a little closer until her crying became less violent. He knew that he had to speak to Gilda's mother to learn more about what happened and what she was telling Gilda about it.

- - - - -

Questions for use in discussing "Gilda":

What do you think happened in Gilda's experience that made her so troubled?

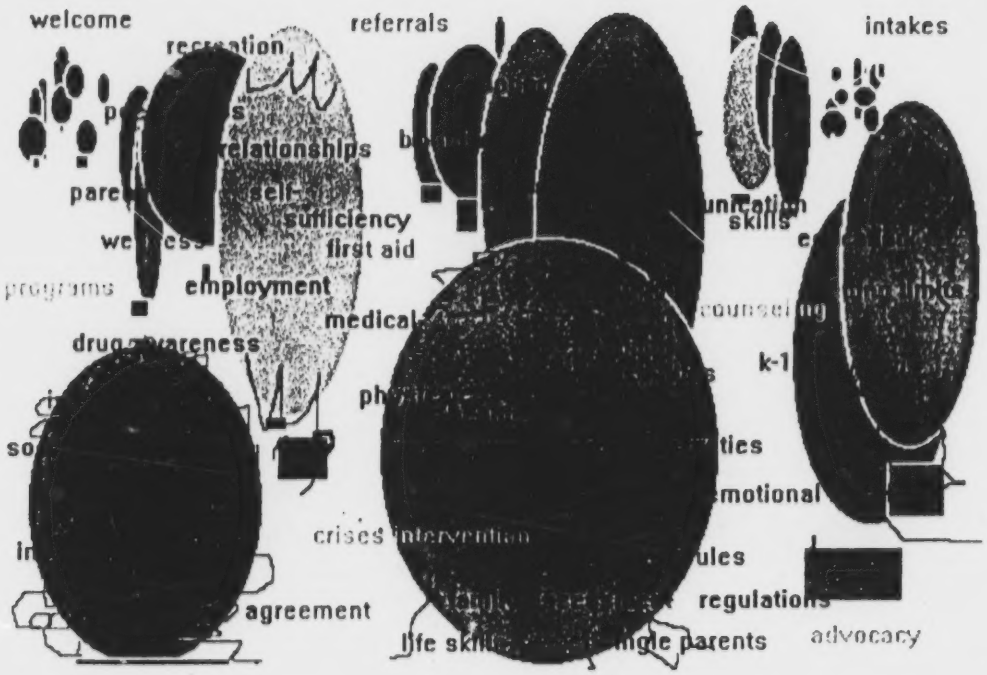
How was Joe's approach different than what you might have said, upon seeing the black and red pictures?

How successful was he in reflecting the child's feelings? What effect did this have?

Seton House

Emergency Transitional Housing for Single Parent Families

Residents



BEST COPY AVAILABLE

Procedure for Incoming Residents

Referrals/waiting list/eligibility	Exec. Dir.
Initial Resident Intake	Exec. Dir.
Apartment ready and stocked	Night staff
Resident tour of facility	All staff

Within 3 working days of moving in:

Family Assessment/referrals	Shelter Dir.
Apartment inspection	Night staff
Inventory list completed	Night staff

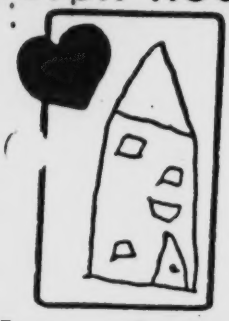
To be completed within two weeks of intake:

Family Action Plan	Shelter Dir.
Child assessment	Child Coord.
K-12 assessment	K-12 Tutor
Maintenance 101	Shelt Coord
AFDC Application	Resident
Housing Authority Application	"
Homeless Clinic registration	"
Children registered in school	"

Third week:

Goals established - short/long term	Shelter Dir. Child Coord
Minimum of once a week scheduled contact with each resident until resident vacates the apartment.	Shelter Dir. Child Coord. K-12 Tutor.

Seton House



Emergency Transitional Housing for Single Parent Families

6:2

Mother Seton House, Inc.
623 South Wolcott
Casper, Wyoming 82601
(307) 577-8026

Welcome to Seton House

Your stay at Seton House is a gift of love from the community of Casper. Donations from the Catholic and many other Christian churches have helped provide this shelter. The Seton House programs are supported by private donations from individuals, and businesses, the United Way and through federal grants.

Mother Seton Housing, Inc., was founded in 1989 by Brother Raymond Phillips of the Brothers of Holy Cross in Casper in response to the needs of homeless women and children in Natrona County. Donations of time, talent and treasure were given by members of the Christian community to renovate the Seton House building and provide its program of support services.

Seton House is now supported by hundreds of loving people of all faiths throughout Wyoming. Their gift of love is freely given to you and your children, in the hope that you will find a new and happier life.

The Seton House staff is here to help you. Don't be afraid to ask for what you need. If we cannot help you we will find someone who can. We urge you to use this time to plan for a stable, happy, meaningful future for yourself and your children.

We wish you peace,

The Board of Mother Seton Housing, Inc.

Printed courtesy Mother Seton House Inc. (Seton House)

RESIDENT INTAKE
SETON HOUSE

Date:_____ Name:_____
Birthdate_____ Age:_____Social Security #_____

Current Housing Conditions:
Is your present housing substandard? Yes___No___
Are you now living with another family in one dwelling unit? Yes___No___
Are you currently living in a shelter facility? Yes___No___ Identify_____
Are you currently living in something not meant for human habitation? Yes___No___

Number of children living with you_____
Are you pregnant?_____Due_____

Marital Status
Single___
Married___
Divorced___
Separated___
Legally: Yes/No
Widowed___
Common Law___

Ethnicity
Afro-American___
Caucasian___
Hispanic___
Native American____
Tribe_____
Enrolled? Yes/No
Asian___ Other___

U.S. Citizen? Yes___No___If no, Visa status?_____
(Need copy of visa, green card or marriage certificate in file)

Education
Last grade completed_____
High school graduate?_____
G.E.D._____
Technical/Trade School_____
College–level completed_____
College Graduate_____

Income Sources: Amount per month:
Are you employed? Yes___No___
If yes what is your monthly income? $_____
On AFDC_____ $_____
Food Stamps_____ $_____
Soc. Security_____ $_____
Assistance from friends relations_____ $_____
Checking/Savings Accnts?_____ $_____
Other Income_____ $_____

Do you own a car? Yes___No___Make of car_____Year_____License#_____
Do you have a valid drivers license Yes___No___ #_____

CHILDRENS INFORMATION

NAME	AGE	DOB	M/F	RACE	PLACE OF BIRTH	SOC. SEC.#	SCHOOL/GRD

Father's Name(s):_____
_____
_____

Does father have visiting privileges? Yes___No___
Describe_____
_____

Do you have legal custody of the children listed on this form? Yes___No___

Do you have children who do not live with you? Yes___No___
_____
_____

Who do we contact in case of an EMERGENCY?
Name:_____Relationship:_____
Address:_____
Phone: Home:_____Work:_____

Do you have a family physician? Yes___No___Name_____
Do you or your children have any health problems at the present time?_____
_____
Are you or the children taking any medications? Yes___No___Describe_____
_____
Are you currently receiving any mental health services? Yes___No___From Whom:_____
_____Medications?_____

OTHER SERVICES
What other agencies are you receiving services from?_____
_____

Do you have a Case Worker with any of those agencies? If so please identify._____
_____

What do you see as the major areas of stress in your life right now?_____
_____
_____
_____
_____
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_____
_____

Your signature below indicates that all information recorded on this intake is true and correct to the best of your knowledge. It also indicates that you verify that the children listed on this intake are in your legal custody.

_____Date_____
Signature of applicant/resident

_____Date_____
Signature of Staff Member

POLICY REGARDING RESIDENT INFORMATION

Any information included as part of an individual family's record will only be made accessible between the staff of Seton House without expressed written and signed consent of the resident.

The only exception to this policy is information which involves criminal acts, physical force, threats against another person or self, child abuse and neglect, drug use and trafficking. This will automatically be reported to the appropriate authorities as required by law.

Applicants signature acknowledges being informed and consents to the above.

_____ Date_____
Signature of applicant/resident

INTERVIEWERS COMMENTS/OBSERVATIONS:_____

_____ Date_____
Interviewer

Intake revised 1.94

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Program Services Compliance Agreement

Seton House offers case management services to all residents. A case worker will be assigned to your family who will assist you in meeting your needs during your stay.

The program offers a variety of activities and support services which will help increase your chances of securing permanent housing and establishing self sufficiency. Participation in these activities and services ARE REQUIRED as part of your stay at Seton House.

Support Services include but are not limited to:

1. Parent Information Classes
2. Parent Support Groups
3. Parent-Child Groups
4. Personal Growth Classes
5. Information and Referral
6. Social and Recreational Activities
7. One-on-one advocacy and counseling with caseworker

Requirements of the Seton House Program include participation in the activities and supportive services identified by you and your case worker as part of your Family Action Plan for self sufficiency.

YOUR SIGNATURE BELOW INDICATES YOU UNDERSTAND THE REQUIREMENTS FOR MAINTAINING RESIDENCY AT SETON HOUSE AND YOU AGREE TO ABIDE BY ALL PARTS OF THE PROGRAM.

YOUR SIGNATURE ALSO INDICATES YOU UNDERSTAND THAT YOU MAY BE EVICTED FOR NOT COMPLYING WITH YOUR CASE PLAN.

_____ _____

Resident Signature Date

_____ _____

Staff Signature Date

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Rules & Regulations of Seton House

THE FOLLOWING RULES AND REGULATIONS ARE PART OF YOUR RESIDENCY AGREEMENT. RESIDENTS MAY BE EVICTED FROM SETON HOUSE FOR ANY ONE VIOLATION OF THE FOLLOWING RULES.

1) Maintain apartment unit in a clean and safe manner at all times.

2) Conduct yourself and all family members in a manner that will not disturb your neighbors peaceful enjoyment of the premises.

3) Children under the age of 16 are required to comply with curfew law of 10:pm unless accompanied by parent/guardian. Parent/guardian is legally responsible for making sure children obey curfew law.

4) Not deliberately or negligently destroy or damage any part of the premises. Any criminal activity is cause for immediate eviction.

5) Comply with all fire drills.

6) Use the laundry facilities only on such days as have been assigned to you and shall maintain such facilities in a clean condition.

7) Visitors of the opposite sex are not allowed into your apartment unit.

8) Visitors are allowed on the premises between 9 am. and 9 pm.

9) NO SMOKING is allowed inside the apartments or building. Smoking is permitted on the upstairs balcony.

10) All residents are expected to assist with the upkeep of the common areas of the facility. Duties will be assigned.

11) If you must be gone overnight or go out of town, you must notify your caseworker in advance.

12) School age children must attend school while staying at Seton House.

13) Consumption or possession of alcohol is prohibited on Seton House premises.

14) Consumption, use, possession or sale of controlled substances or illegal drugs is strictly forbidden and is cause for immediate eviction.

RULES AND REGULATIONS ARE CONTINUED ON THE BACK

Rules and Regulations Continued

15) Any criminal activity may be cause for immediate eviction.

16) No pets are allowed at Seton House.

I have read, understand and agree to follow the above rules as a condition of residency at Seton House.

I UNDERSTAND I MAY BE EVICTED FOR VIOLATION OF THE ABOVE RULES.

_____ _____

Resident Signature Date

_____ _____

Staff Signature Date

Printed courtesy Mother Seton House Inc. (Seton House)

SETON HOUSE

Resident/Applicant Grievance Procedure

Each resident or applicant for Seton House services has the right to resolve problems regarding the provision of services promptly and fairly. The following procedures are available if a grievance is felt by a resident or applicant.

1. The initial contact for problem resolution is the Shelter Director for current residents of Seton House or the Executive Director for applicants. The staff member will discuss the matter with the resident in an individual meeting.

2. For residents, residential group meetings in which a staff member and residents participate may also be utilized to aid in the problem solving process.

3. When a grievance cannot be resolved through the Shelter Director, or in a group meeting, the written process will be used. The grievance should be communicated clearly on paper and be submitted to the Executive Director of Seton House. A personal interview will be set up between the Director and the individual making the complaint within a reasonable period of time.

4. If meeting with the Director does not provide a satisfactory resolution to the grievance, then a written appeal should be submitted within five (5) days of the meeting with the Director, to the Board President for review of the matter. The matter will be heard by the Board of Directors in executive session within a reasonable period of time.

5. If meeting with the Board of Directors does not provide a satisfactory resolution of the grievance, the client may then contact in writing the Director of the Human Services Commission of Natrona County, Century Building, 120 West First Street, Suite 300, Casper, Wyoming 82601.

6. If meeting with the Human Services Commission does not provide a satisfactory resolution of the grievance, the client may then contact in writing the Director of the Division of Community Programs, Hathaway Building, Cheyenne, WY 82002.

GrievePro 10/93

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Residency Agreement

This is a legally binding contract and is binding upon execution by both parties. The initial term of this agreement begins on _____ and ends on_____, generally not to exceed three months.

Resident Obligations:

1. RENT

Each resident is required to pay rent beginning as soon as they have a regular income including AFDC, Social Security, income from a job, or any other source. The amount of that rent shall be 15% of your monthly income and is due on the first of each month.

Rent that is late will be charged a late fee of $1.00 per day after the 5th day of the month.

2. DAMAGE DEPOSIT

All residents are required to pay a damage deposit of $50 upon moving into Seton House. This will be refunded if the apartment is left without damage and in a clean condition as determined by the Resident Services Coordinator. Residents may make installment payments of the damage deposit if necessary.

3. KEYS & LOCKS

When this residential agreement ends, the resident agrees to give back all keys to the unit to Seton House. Seton House may charge the tenant five dollars for any key not returned. Tenant agrees to pay a replacement fee of $2.00 per key for all lost keys. Tenant agrees to pay lock out fee of $3.00 per each lockout. Those expenses are considered to be additional rent and are due when the rent is due.

4. CONDITION OF APARTMENT UNIT

By signing this agreement, resident acknowledges that the unit is safe, clean and in good condition and agrees to maintain unit in safe, clean, and good conditions during the term of this agreement. Any exceptions to this would be listed in the Inspection Report.

5. OBLIGATION OF SETON HOUSE

Seton House will not discriminate on the basis of race, color, religion, creed, national origin, familial status, sex, age, or handicap.

Seton House agrees to comply with all building and housing codes affecting health and safety.

(OVER)

Seton House agrees to make all repairs and ensure that the apartment unit is habitable and respond in a reasonable time to written requests for repairs by the resident.

6. ACCESS

Seton House shall be allowed immediate access to the apartment in emergency situations.

Resident agrees to allow staff to inspect the unit on a routine basis if necessary.

7. TERMINATION OF RESIDENCY BY SETON HOUSE

Residents at Seton House may be EVICTED for non-compliance with this agreement including but not limited to the following:

a. Non-payment of rent.
b. Damage to the unit or common areas.
c. Endangering the health, safety or welfare of other residents or staff of Seton House.
d. Resident's failure to maintain the unit in a habitable condition.
e. Violations of the Program Rules and Regulations.
f. Violation of the Program Services Compliance Statement.

8. TERMINATION OF RESIDENCY BY RESIDENT

Residents are required to give at least one week's, (7 days) notice to staff prior to moving.

9. CLIENT OR APPLICANT APPEAL PROCESS

Any substantive decision which an applicant or program client believes to be unfair and having a major adverse impact upon them may be appealed within 15 days of that decision.

The parties to this Agreement are Seton House and

_____.

_____ Date_____
Resident's Signature

_____ Date_____
Staff Signature

6/93
Forms93

Printed courtesy Mother Seton House Inc. (Seton House)

EMERGENCY PROCEDURES AND MAINTENANCE POLICIES

1. **Emergency Telephone Calls**
   To call the Fire Department, Police or Rescue Squad, dial 911 and ask the operator for the service(s) required.

2. **Fire Plan**
   a. As soon as you hear a fire warning locate your children and evacuate your unit. Do not try to take any belongings with you. Leave as quickly as possible.

   b. Call 911 from the pay-phone in the basement.
   c. If it is noticed that someone is missing, and shouldn't be, immediately notify the emergency personnel as to what unit the person missing lives in. Do not attempt to go back into the building for any reason.
   d. Evacuation will be carried out in an orderly fashion, so please assist in keeping panic to a minimum.

3. **Keys and Locks**
   Two keys will be issued at the time of occupancy. Additional keys are available at an additional charge.

4. **Maintenance Policy**
   All maintenance and/or repair requests must be submitted to the office, which will then contact the maintenance person. The maintenance person will repair the problem within seven working days. You will be asked to sign a form indicating that the repairs were made. If the problem was not your fault, you will not be charged. If the problem was caused by you or someone in your unit, and is beyond normal wear and tear, you will be responsible for payment of the repair charges.
   The plumbing in your home is not designed to handle disposable diapers, diaper liners, disposable cleaning towels, sanitary napkins, or tampons. Please wrap these items securely and take them to the dumpster. Plumbing bills caused by improper disposal of these items will be considered your responsibility.

5. **Maintenance Check Policy**
   Every person values his own property and wishes to keep it in good condition. Every good business values its property and checks on it periodically to see that it is operating properly. Seton House feels a similar responsibility in providing decent housing with attractive and functional services. Striving to keep all units in A-1 condition requires periodic checks. The inspections will be made every other week by a Staff member.
   We are not seeking to invade anyone's privacy, but rather to avoid maintenance problems.
   An inspection report will be used at the time of the

inspection, noting any maintenance work that needs to be performed, and any deficiencies in the proper care of the unit or its furnishings. At the time of the inspection, you are requested to sign the inspection report if you are present during the inspection. A copy of the inspection report will be left at your unit whether you are there at the time of the inspection or not. Mainentance items on the report will be investigated and attended to within 14 working days.

6. **General Care of Unit**
   It is suggested that you carry renter's insurance. Seton House is not responsible for damage/or theft to your personal property.
7. **Rules**
   a. Trash Dumpsters: Please keep the premises clean by using the dumpsters provided for the building. It is imperative that all trash be put in bags, tied, and put in the dumpster. If garbage found outside the dumpster can be identified as belonging to a resident, that tenant will be notified asking their cooperation. Continued negligence is grounds for eviction. Garbage should not be left outside of unit, but placed into the dumpster. Garbage men will not remove garbage left outside the dumpster. Everything must be put inside the dumpster.
   b. Light bulbs: Each apartment will be equipped with light-bulbs at the timme of occupancy. After move-in, the resident is expected to replace light bulbs as they burn out.

Thank You for your cooperation

Resident_____
Date_____

Revised 4/94

Printed courtesy Mother Seton House Inc. (Seton House)

Program Services outline

A center-based program: To improve the capacity of families to work toward independence and self-sufficiency. To improve the quality of intra-family relationships, and the relationships of family members to their external community.

1. **Parent information classes** in the form of instructional groups that offer information on a wide variety of topics in the areas of child development, parenting, family life, health education, and family management.

2. **Parent support groups** in which parents share experiences, concerns, and feelings with peers. e.g. House meetings, Single Parent groups, "Choices", Single Parents in Transition (SIT).

3. **Parent-child groups** that provide child development activities for parents and children together.

4. **Crises intervention** to respond to parents' special concerns about their children and to the special needs of their family.

5. **Advocacy** for individual families and in response to their overall needs within the community.

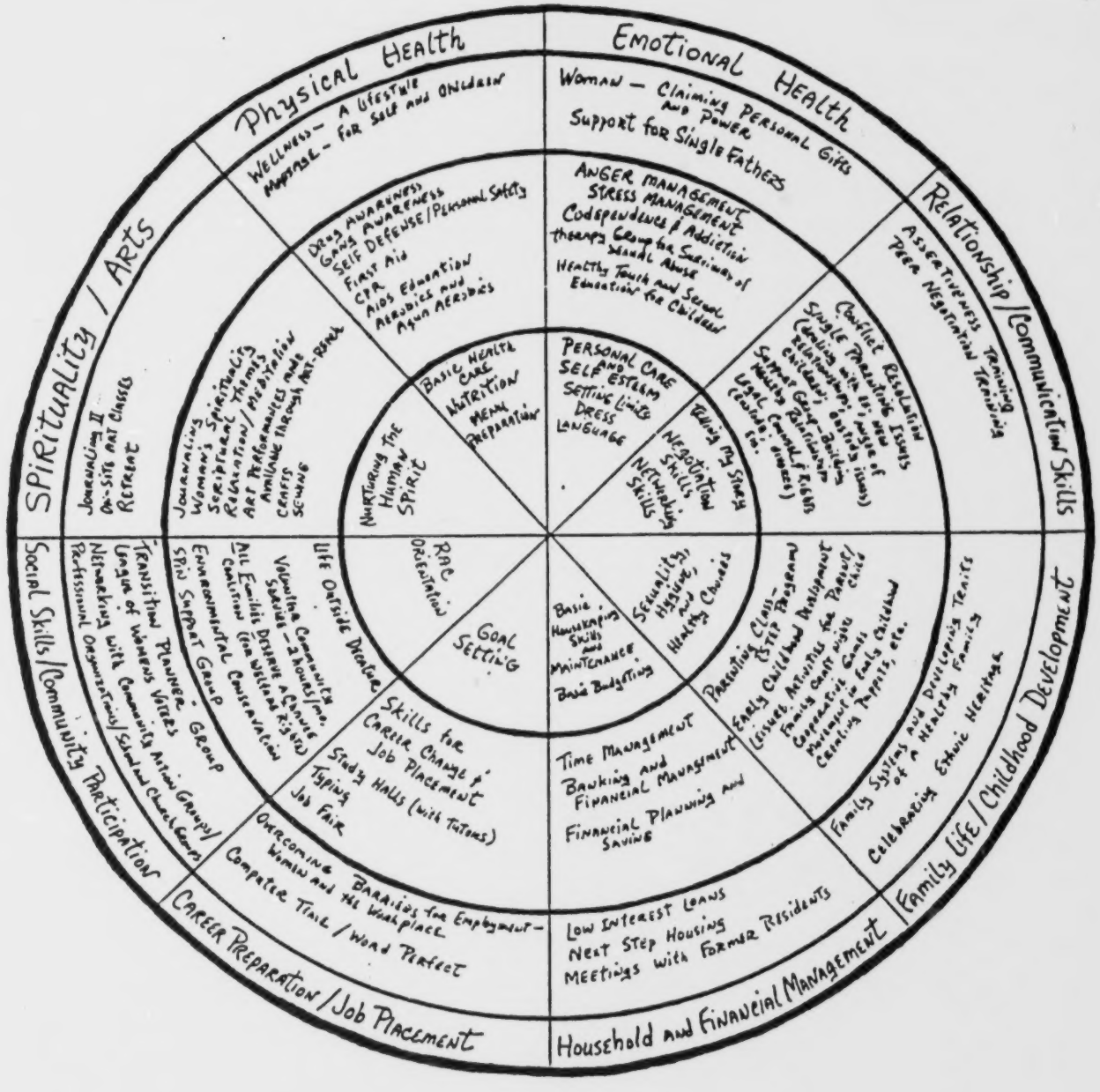
6. **Information and referral** services which link families to community services.

7. **Drop-in time** to provide unstructured periods when parents - past and present - can be with program staff members and one another on an informal basis.

8. **Social and recreational activities** to provide families with information from within the community. To minimize isolation and utilize available low cost resources. e.g. YMCA, Nicolaysen Art Museum and Discovery Center, Public library, and community parks.

9. **K-12 Tutoring** provide after school assistance with homework and other school curriculum. Provide advocacy for families within the school setting. To provide educational group activities for all participants.
June, 1994

Decatur Place Program



Inner Circle = New Resident Orientation Program (3 months)
Middle Circle = Intermediate Program (15 months)
Outer Circle = Transition Program (6 months)

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"LIFELINE" INSTRUCTIONS

Overview

Participants go to each station to get items necessary to live this life - if they do not get to each station before the end of the game they die. Each participant gets treated with stereotypes according to the label they are wearing (participants do not know what they are being labeled). Some will make it through the game, some will not. The purpose is to give participants a chance to experience what it feels like to be treated according to stereotypes when they are actually not as stereotypes define them, and to give participants a chance to experience not having control over how people treat them. This exercise helps begin the exploration of racism, classism, sexism, heterosexism, homophobia, etc.

Stations

Station #1 Financial Resources
#2 Housing
#3 Identity
#4 Finish/Complaints

Sheriff - calm people down, move them along; break up supportive and organizing attempts; jail if necessary.

Labels On Name Tags

U = Upper Income	W = White	M = Male
M = Middle Income	C = Chicano	F = Female
L = Lower Income		

Red Line = Blind
Black Line = Battered Woman
Yellow Line = Homosexual

Upper - treat with respect; address as Mr. or Ms.; comments about family in the newspaper; very polite; escort to next station and introduce.

Middle - use first name; shake hands (unless a homosexual)

Lower - treat as lower class citizen; don't use their name or shake hands; require more verification concerning the things they say or want

Blind - treat like a child; loud voice and slow directions; excessive help given; always lead to the next station

Battered Women - treat normal until third station, then take all they have been given (house and money), tear off black line on name tag, change income so is reduced one level (example = change upper to middle or middle to lower), and require them to start back at the beginning again

Homosexual - don't touch them, make rude remarks, don't let them get close to you, don't let them have a job where they might be teaching kids or could contaminate food, etc.

Chicano - treat as dirty, talk about "you people", make rude remarks or racist jokes (unless upper income)

Women - treat as inferior, make sexist jokes, call "girl" (unless upper income)

Station #1 (Financial Resources)

a) Send lower, chicanos, and blind people to waiting area - let them back in line after the rest of the people have gone through.

b) Take paperwork from person - make sure it is all filled out correctly. The forms typed in unreadable language should be filled out the same as the other forms. If the person wants an interpreter, give them a hard time about it then call the sheriff to help them.

c) Give the following amounts of money:

Upper $4
Middle, White $3
All the rest $2

d) BE SURE TO KEEP A HOLD OF THE MONEY BECAUSE PEOPLE WILL TRY TO STEAL IT.

Station #2 (Housing)

a) Send lower, women (except upper income), and homosexual (except upper income) to waiting section for whatever seems an appropriate amount of time.

b) Collect $1

c) Give house according to income level

Upper = Biggest House
Middle = Medium House
Lower = Small House

d) BE SURE TO KEEP A HOLD OF THE MONEY AND HOUSES, BECAUSE PEOPLE WILL TRY TO STEAL THEM.

Station #3 (Identity)

a) Send lower, women (except upper income), blind people, and chicanos (except upper income) to waiting area for whatever seems an appropriate period of time.

b) Collect $1

c) Let choose identity according to income level. If possible, don't let women, blind people, or homosexuals have the "wrong" job.

d) BE SURE TO KEEP A HOLD OF THE MONEY AND IDENTITY LABELS, BECAUSE PEOPLE WILL TRY TO STEAL THEM.

Station #4
Finish

a) Give longer letter to upper income ("dear esteemed colleague") and shorter letter to everyone else ("dear client").

b) Tell them they can get additional housing or identities if they have money left (they cannot, however, go back to get more money).

Complaints

a) Have them fill out the form and give it to you.

b) If they return wanting to know what has happened with the complaint, tell them it's not yet processed or throw it away and say you never received it.

See Attached Examples Of

1. Name tags
2. Forms filled out in order to get money
3. Different house sizes
4. Example identities
5. Finish letters
6. Complaint form

LB/smn

Reprinted Courtesy Wyoming State Office/Family Violence and Sexual Assault

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Procedure for Outgoing Residents

Week before resident vacates apartment:

Complete closure form	Shelter Dir.
Complete Children's closure form	Child.Coord.
Resident Questionnaire	Resident
Optional Aftercare Application	Shelter Dir.
Provide cleaning guide for family	Night staff

Apartment inspection and inventory will be completed the day of vacating. This will be arranged by the Night staff. When the apartment passes inspection the deposit will be returned. — Night staff

Periodically staff may be required to assist or take over job tasks when the assigned staff person is unavailable.

June, 1994

Resident Questionnaire

Date:_____

Name:_____ **Apt**:_____

Please take a few moments to complete this questionnaire. Please answer the questions as frankly as possible. The information you provide will assist the staff to provide a safe and positive envircnment for you and your children. The information you provide will remain confidential.

How long have you been a resident at Seton House?

Days:_____

1. Does Seton House provide a safe environment for you and your children?

___ Always

___ Usually

___ Occasionally

___ Never

Please explain:

2. Does the staff/volunteers respond positively towards you?

___ Always

___ Usually

___ Occasionally

___ Never

Please explain:

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3. Do you find it difficult to communicate with the staff/volunteers?

___ Always

___ Usually

___ Occasionally

___ Never

Please explain the difficulties you are experiencing:

4. Is there conflict between you and staff/volunteers?

___ Always

___ Usually

___ Occasionally

___ Never

Please explain the type of difficulty you have experienced:

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5. Are you looked down upon by the staff/volunteers?

___ Always

___ Usually

___ Occasionally

___ Never

Please explain:

6. Do staff/volunteers play an authoritarian role when communicating with you?

___ Always

___ Usually

___ Occasionally

___ Never

Please explain:

7. Have you been discriminated against by a staff person/volunteer?

___ Always

___ Usually

___ Occasionally

___ Never

Please explain:

8. Are you treated equally by all staff/volunteers?

___ Always

___ Usually

___ Occasionally

___ Never

If **NO** please explain:

9. Is there a trusting relationship between you and the staff/volunteers?

___ Always

___ Usually

___ Occasionally

___ Never

If **NO** please explain:

10. Is staff/volunteers sensitive to your needs?

___ Always

___ Usually

___ Occasionally

___ Never

If **NO** please explain:

11. Does staff/volunteers create opportunities for you to share your concerns?

___ Always

___ Usually

___ Occasionally

___ Never

Please explain:

12. Do staff/volunteers respect confidentiality?

___ Always

___ Usually

___ Occasionally

___ Never

If **NO** please explain:

13. What suggestions do you have for improving staff/volunteer relationships?

14. Further comments:

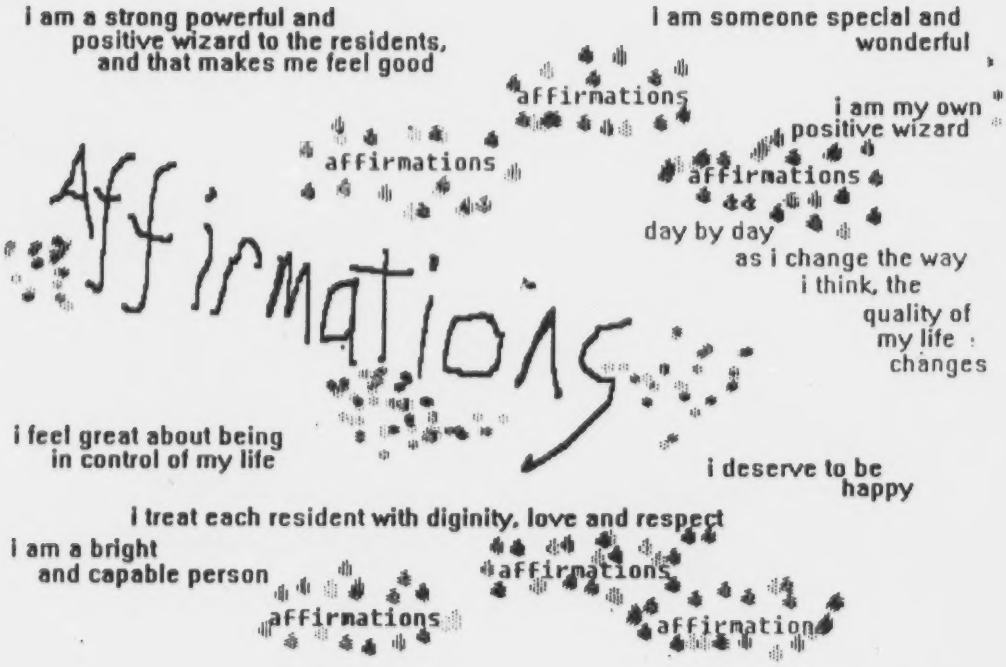
Thank you for taking the time to complete this questionnaire.

June, 1994

Seton House

Emergency Transitional Housing for Single Parent Families

Miscellaneous


I am a strong powerful and positive wizard to the residents, and that makes me feel good
I am someone special and wonderful
affirmations
I am my own positive wizard
affirmations
affirmations
day by day
as I change the way I think, the quality of my life changes
Affirmations
I feel great about being in control of my life
I deserve to be happy
I treat each resident with diginity, love and respect
I am a bright and capable person
affirmations
affirmations
affirmation

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AGENCIES

Listing of local agencies (frequently used by shelter)

Alcoholics Anonymous	234-1447
ALANON	234-1447
Brothers of the Holy Cross food bank	577-1041
Casper Child Development	235-5097
Casper College - GED	268-2110
Casper Housing Authority	266-1388
CATC - Casper Area Transportation Coalition	265-1313
Central Wyoming Rescue Mission	265-2251
Department of Family Services	261-2100
EFNEP-Expanded Food & Nutrition Education Program	235-9400
Head Start	266-5480
Homeless Clinic	235-6116
Interfaith	235-8043
Legal Aid Services	235-2786
New Horizons	237-7077
Poverty Resistence/Legal Services	235-5233
Salvation Army	234-2452
Self Help Shelter	235-2814
St. Vincent De Paul	237-2607
Vocational Rehabilitation	261-2171
WIC (Women, Infants, Children)	265-6408
Your Ride	577-1226
YMCA	234-9187

(Refer to Natrona County Human Services Directory for location and explanation of each agency).

June, 1994

Referrals for Homeless Persons

Seton House receives frequent requests for shelter. Unfortunately, Seton House cannot respond to all homeless persons. When an individual contacts Seton House staff or volunteers they are required to refer the individual or family to the appropriate agencies for **possible** housing assistance:

Casper Housing Authority	266-1388
Central Wyoming Mission	265-2251
Eastward Court	265-8322
Glenrock Housing Authority	266-1388
Interfaith	235-8043
Platte View Apts.	237-9848
Salvation Army	234-2452
Self Help Shelter	235-2814
Village Garden	234-1155

There is no guarantee of assistance by any of the above agencies.

June, 1994

Definitions

Sexual assault is a term used to refer to a wide range of assaults: rape, attempted rape, child sexual abuse, incest, indecent liberties, and statutory rape.

Rape is defined as penetration of the vagina or anus, however slight by a penis or an object, or any sexual contact between the sex organs and mouth or anus, when committed by one person upon another person of the same or opposite sex, without consent. Rape is an act of violence using sex as a weapon. It is done to humiliate and control another person. Rape can happen to anyone (man, women, or child), of any age and it can happen anywhere.

Acquaintance rape is a rape between two people who know each other. Most rapes are of this type. Young people are especially vulnerable to acquaintance rape because they frequently date and may not have developed clear and assertive communication skills.

Child sexual abuse is defined as contact or interaction between a child and an adult or other person when the child is being used for the sexual stimulation of the perpetrator or of another person. "Child" refers to a boy or girl under 18 years of age. The perpetrator need not be an adult as long as the perpetrator is significantly older than the victim and/or in a position of power over the victim. Child sexual abuse includes a wide range of sexual activity ranging from "non-violent," non-touching offenses such as exposure, to offenses that do involve physical contact, and sometimes the use of violence or physical force, such as fondling, oral/genital contact, vaginal and anal stimulation and penetration, incest, and exploitation of children through pornography and prostitution.

Incest is defined as any sexual contact between family members in which an adult or older person seeks or gains sexual gratification through the child. The activity may include fondling, manual or oral manipulation of the genitals, or intercourse. Family members include mother, fathers, grandparents, aunts, uncles, brothers, sisters, cousins adoptive and step relations.

Indecent liberties is defined as forced or coerced sexual contact between two people where sexual intercourse does not occur. If the victim is 13 years or younger, it is a crime even if force is not used.

Statutory rape is defined the same as rape, except the victim is under 16 years of age and consent is not a determining factor. Sexual abuse of children is illegal regardless of whether the child consented to the sexual act. The law holds offenders responsible for sexual activity with underage persons.

Reprinted courtesy - Self Help Shelter, Casper, Wyoming.

What is Stalking?

W.S. 6-2-506 (a-b) defines stalking as harassment that is conducted over any period of time evidencing a continuity of purpose.

Harassment includes but is not limited to:

Verbal or written threats

Vandalism

Non-consensual physical contact

Anonymous communication with another person

Communication with another person electronically, mechanically, telegraphically, or by telephonic or written means in a manner that harasses

Following a person or placing a person under surveillance by remaining outside his/her school, place of employment, vehicle, residence or other place occupied by that person

Any conduct that harasses a person and is directed at a specific person or family of a specific person that the defendant knew or should have known would cause emotional distress and seriously alarms the victim.

What does the law say?

A victim of stalking can get immediate relief by petitioning the court for an ex-parte or temporary order of protection good for 72 hours.

A temporary or permanent order of protection has statewide applicability W.S. 7-3-510 (c)

There is no filing fee for a stalking petition W.S. 7-3-507 (c)

One or more affidavits may be included with the stalking petition W.S. 7-3-507 (b)

What are the penalties for stalking?

W.S. 5-6-506 (d-e) states that the first violation of a protection order for stalking is a misdemeanor punishable by six months in jail, a $750. fine, or both

The second violation of a protection order for stalking is a felony punishable by up to ten years in prison.

Reprinted courtesy - Self Help Shelter - Casper, Wyoming.

Evaluation of Orientation

Date of orientation: _____

Please complete the evaluation as feedback from you as a member of the staff or a volunteer is important to the agency.

Helped me to understand the Seton House program.

____ YES ____ NO

I liked best:

I liked least:

I would like additional information on:

NAME: _____

June, 1994

ORIENTATION

I have attended an orientation session for Seton House. I was given a tour of the facility and instruction on the following:

____Initial overview of Seton House
____Organizational Structure
____Tour of Shelter
____Policies/Procedures
____Overview of homelessness and Supportive Services
____Training Manual and Guidelines for Seton House Children's Program
____Procedure for Incoming Residents
____Miscellaneous
____Evaluation

Signature: _____

Date: _____

Title: _____

June, 1994

Suggested Readings

E.L. Bassuk, R.W. Carman, L.F. Weinreb, & L.F. Herzig (Eds.). (1990). Community care for homeless families: A program design manual. Washington DC: Interagency Council on the Homeless.

Dunst, C.J., Trivette, C.M., & Deal, A.G. (1988). Enabling and Empowering Families: Principles and Guidelines for Practice. MA: Brookline Books.

Haus, A. (Ed.). (1988). Working with homeless people: A guide for staff and volunteers. New York: Columbia University Community Services.

Homebase. (1992). Strengthening the front line: An analysis of the potential to improve service delivery to homeless people in the Bay Area through agency staff training. San Fransisco, CAL:

Long, L.A. (1988). Helping Homeless Families: A Trainig Curriculum. New York: LaGuardia Community College

The National Resource Center on Homelessness and Mental Illness. (1991). Reaching out: A guide for service providers. Washington DC: The Interagency Council on the Homeless.

The Stanford Center for the Study of Families, Children and Youth. (1991). The Stanford Studies of Families, Children and Youth. Stanford, CA.

Zeifert, M. & Brown, K.S. (1991). Skill building for effective intervention with homeless families. Families in Society: The Journal of Contemporary Human Services, 72, 212-219.

The Stanford Center for the Study of Families, Children and Youth. (1991). The Stanford Studies of Families, Children and Youth. Stanford, CA.

Zeifert, M. & Brown, K.S. (1991). Skill building for effective intervention with homeless families. Families in Society: The Journal of Contemporary Human Services, 72, 212-219.

CHAPTER 10

COUNSELING AND FAMILY THERAPY*

> . . . Communication packed into a one-hour session held in the home seems to telescope weeks or even months of effort in the office.[1]

The process of in-home counseling is not clearly distinguishable from the other four primary roles of the family-centered practitioner--nurturing, teaching, coordination and advocacy. Important counseling often takes place while working with a parent to organize the kitchen or while accompanying family members to the doctor, on a job interview, or to a parent-teacher conference.

Although in-home workers spend large blocks of time in purposeful activities with family members, they also structure more formal family counseling sessions as appropriate. These sessions are usually held around the kitchen table or in the living room. Various ground rules may be established. For example, meetings will be held regularly at the same time each week; or the TV will remain off during the meetings. Sessions with two or three family members may also be planned, such as marital counseling sessions with the parents. It is the worker's responsibility to provide structure for in-home counseling sessions.

COUNSELING TECHNIQUES

On a day-by-day basis, workers make both planned and spontaneous judgments about the most therapeutic use of their abilities. Workers may nurture, reward, teach, understand, agree or disagree, give and support, approve and disapprove, listen, interpret, advise and arbitrate. They may model, tutor, solve problems and negotiate; they may provide transportation, direction, assistance and praise.

*Some of the suggestions in this chapter and the techniques for working with families in crisis were developed by Jill Kinney and David Haapala, of the Homebuilders program in Tacoma, Washington.

[1] Ray Schlachter, "Home Counseling of Adolescents and Parents," Social Work 20 (1975): 428.

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Structured techniques are often used with families who have attained a moderate degree of organization and who possess fairly good communication skills. Many structured procedures have been developed, such as sculpting, active listening, fair fighting, and the techniques developed by Virginia Satir and Randler and Grinder. Selected references are included in the bibliography for this chapter.

Following are examples of structured procedures to use with families who are verbal and can participate in family group sessions:

- Structure a "sharing time" after dinner when family members are allotted five minutes each to share the experiences they had that day and what they plan for the following day. On Mondays each may share plans for the week, possibly helping the family avoid surprises, last minute planning and disappointments. This is also a good way to practice listening.

- Beginning with the youngest family member, ask each person specific questions which convey your interest and which let them know that you recognize each of them as special and unique. For example,

  - What do you like to do in your spare time?

  - What do you like best about school?

  - Who is your best friend?

  - Did you know before we came that there was some unhappiness at your house? How could you tell?

  - What would you most like to have change about your family?

  - What do you like best about your family? That is, what do you want to keep or add to?

- Explain that you have not known the family nearly as long as they have known each other and that you need their help in catching up. Ask each parent to describe each child as they know them. This exercise may give you valuable information about their relationships.

- Ask who they perceive to be in charge of the family. Is there major disagreement?

- Ask how they can tell when the others are angry.

- Have each give an example of something they might do which they know for sure would please the others.

- What would they most like to be different in their relationships with other family members?

- Have the family conduct a family meeting while you observe. Have them discuss and agree on something they might do as a family. Note who talks and who doesn't, who talks for whom, who is ignored, who takes the lead, etc.

- Give the family a paradoxical assignment and observe how they cope with it. For example, have them discuss and agree on the meaning of the saying, "A bird in the hand is worth two in the bush." Life is full of situations for which there is no one right answer. How does the family handle this?

- Ask family members to share what bugs each of them most about the person on their right and what they appreciate the most about that same person.

- Ask family members which other person in the family is most like them. How is that person most different from them? This exercise helps families identify their likenesses and differences and see their family in its distinct and unique parts.

Exercises like these can help both the worker and the family gain insight into family and individual functioning and areas which may need further attention. They are merely examples. Workers will use their own imagination and creativity to develop others. The exercises may be secondary to more urgent, basic needs as identified by the family.

Increasing Self-Esteem

Self-esteem is a personal judgment of worthiness made by the individual and often manifested in behavior. It is a value judgment about oneself consisting of perceptions of self which are admissable to awareness--what one is able to say to oneself about oneself. In functional terms, self-esteem is what I think I can do. Some authorities believe that the basic purpose of all human activity is to preserve the symbolic self, i.e., to protect, maintain and enhance one's self-concept or self-esteem.

Perhaps more than anything else, self-esteem influences the decisions we make, how we cope, and the extent of our vulnerability. Parents and schools do much to build or destroy self-esteem, which is what tells us if we can perform, succeed if we try, be sensitive to others, and behave in ways which are accepted and fit in with those around us. Low self-esteem prevents us from using positive feedback and from trusting others.

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While by being alert and sensitive we can avoid the use of self-esteem crushers and employ self-esteem builders, even under ideal circumstances children develop feelings of inferiority as they begin to understand their environment and their place in it. They need compensation, which may be provided by

- respectful and concerned care,
- being able to realize their aspirations and values,
- having others around who value them,
- trusting others and being trusted,
- being able to influence and predict what happens to them,
- experiencing graduated successes,
- unconditional love and total acceptance from their parents,
- the security of defined and enforced limits,
- ever-broadening horizons and opportunities,
- respect for their actions and the latitude to make decisions within certain limits.

Self-esteem is relative. Level of self-esteem is a controlling factor for all of us in our daily lives. The consequences of low self-esteem can include a predisposition to emotional upheaval, self-pity, paranoid thinking and masochism, and a tendency to strike out in a disorganized and apparently aimless way--"I will survive." Defenses can be shaped by one's level of self-esteem. High self-esteem is perhaps the greatest legacy a parent, teacher or friend can give to a child.

Some exercises which can be used to build self-esteem follow:

- The worker or the families themselves can model various feelings by role-playing (fear, disgust, joy, uncertainty, pride, shyness, bravery, meanness, etc.). Have family members recall times when they have had such feelings.
- Listen. Just the experience of being listened to, heard and recognized with individual attention usually increases one's sense of being valued.
- Have the family identify and discard "put downs" like "That's a stupid idea," "You're weird," "Are you crazy?"
- Help them identify and practice using supportive statements with themselves and with others.

- Have someone write a "Job Wanted" advertisement, selling themselves for a particular job.

- Use comments that tell people you value them, like "You did that well," or "I like your . . .," or "You know more about that than I do."

- Help each member of the family construct a personal notebook with their name and photograph on the cover in which they can record personal information, special feelings, interests, accomplishments, milestones, talents, names of friends, etc.

- Help family members learn descriptive terms that are not moralistic to describe themselves. Use behavioral terms to describe hoped-for changes.

- Help people resolve problems and become more like their "ideal" selves.

- Help family members list all the things they feel badly about and develop three ways of working on each. Choose one and do something to change it.

- Teach individuals to recognize when they are thinking destructively. Have them try yelling "stop" in their mind and getting involved in something else as quickly as possible.

- Use assertiveness training exercises to help families distinguish between constructive and destructive ways of communicating and practice productive self-expression. Teach them how to use "I-statements" to express their opinions and needs. Support each family member's right to stand up for her- or himself. Role-play being assertive in difficult situations. Perhaps you can find an assertiveness training class clients could attend.

Encouraging Recreation

Does the family know how to have fun? What can the worker do to facilitate recreation for a given family? Problems constitute only one aspect of our lives. The ability to play has proved to be valuable in fending off stress that might lead to distress. Play, especially for adults, needs to be modeled, encouraged and nurtured.

Board games and card games (as opposed to physical games) can be used to teach families new roles. Relationships between family members may be reversed, upset, or otherwise altered in a game. Some games have rules which apply to all; others have different rules for each player. Choose the game according to what you hope to accomplish while having fun with the family. Competitive games include Monopoly, checkers, Clue and Risk; games like Social Security and Let's Talk emphasize winning and

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losing. Scrabble, Anagrams, and Concentration are examples of games which reward special skills. Other games require cooperative effort (Password) or provide particular kinds of stimulation (Blacks and Whites, Woman and Man). The worker can be creative and change the rules, award prizes for winners, losers, the "most fun" player, best sport, etc. Consider the therapeutic potential of competitive physical activities and non-competitive activities.

Dealing with Depression, Anxiety, Loneliness and Anger

Depression. When people who are depressed behave as if they are not depressed, they are less likely to feel depressed. Teach and encourage depressed clients to engage in more pleasant behaviors and to become more active. Laughing, being around people, sitting in the sun, listening to music, planning or organizing something, learning to do something new, visiting a friend and window shopping are all possible strategies for fighting depression. The worker might make a contract with the depressed person to engage in certain activities or simply to do something active for a certain amount of time each day.

Define what the person would be doing if he or she were not depressed. Would learning new skills make it easier to play a non-depressed role? See if they will walk 15 minutes a day; exercise of any kind is often helpful. The worker might go with them at first. Take them out in public, where social demands will encourage them to behave appropriately. Arrange for a friend of the client to be helpful and available. If the you are comfortable doing so, try putting an arm around the depressed person, holding his or her hand--the kind of comforting physical gesture you would make to a friend in pain.

When many other techniques have not worked, and after consultation with supervisors, specialists or the other members of the team, the worker may decide to make all positive attention and accessibility contingent upon appropriate client behavior. But be sure to make the required behavior easy enough that the client is almost assured of initial success (e.g., combing hair). The purpose is to stop talking about the helplessness when talking about it only seems to reinforce it. Have a follow-up plan in case the client does not respond to this approach.

Anxiety. When dealing with a client suffering from anxiety, try to get the person to remember a time when she or he felt safe and relaxed, and recreate that atmosphere by talking quietly about the experience. Suggest that the person take a warm, relaxing bath or have the room temperature extra warm. Modeling can be effective; if the worker is relaxed and calm, clients are more likely to become so.

Help clients become aware of feelings of anxiety so that they can label them, recognize them for what they are and continue their daily activities. Once they become aware of and can describe their tensions, emotions and impulses, people can begin to see and evaluate ways of coping with such feelings. Specific relaxation techniques can be helpful. Construct an "anxiety thermometer" to record and analyze the duration, intensity and frequency of anxiety feelings. Reward and celebrate improvements.

Sometimes anxiety is caused by a situation in which one's behavior is seriously in conflict with one's values or goals. Values clarification exercises can reveal such conflicts. The references for this chapter list some books which include values clarification exercises.

Loneliness. Loneliness often originates in being afraid to reach out to others or risk friendship. Techniques for working on both self-esteem and assertiveness may be appropriate. Also consider the following:

- Have clients make lists of special people they have known in the past. Perhaps they will write a short note to one of them.
- Have them list the ten people they most admire and why. What do they seem to value? Was it easy to think of ten? Were there any surprises? What did they learn?
- Have them list two people they would like to be friends with. What would they need to give to these potential friends? What would the friends have to give to them? What two things will they do in the next week to try to get each of those relationships started.
- What are three things which prevent their relationships with others from being as rewarding as they might be? What one thing could they do about each of these to make them less of a hindrance?

Anger. Angry feelings are often secondary to an initial sense of hurt. That is, hurt may be disguised as anger. Construct an "anger thermometer" showing hot, warm and cold anger. Color "hot" red and list behaviors (hitting, yelling, throwing things, blaming, etc.). Color "warm" yellow and list behaviors. Use the thermometer in family meetings or with individuals to discuss anger as a normal emotion experienced by everyone and to help them learn how to make angry feelings work best.

TECHNIQUES FOR WORKING WITH FAMILIES IN CRISIS

Family-centered crisis intervention programs have proved particularly effective for the families of adolescents in conflict. The attitudes and skills which follow are valuable to any in-home worker dealing with volatile family dynamics.

In-home counseling with families in crisis is a demanding, stressful process. One of the most difficult aspects of the job involves the worker's anxiety about the potential for a situation to get out of control. The worst fears center around the possibility of physical violence. Less dangerous but nonetheless inefficient and frustrating is the potential for family members to interrupt each other and the counselor, for people to run in and out of the room, or for individuals to refuse to participate in family sessions.

In-home counselors have found ways to minimize the chances for these behaviors. There are methods which therapists can use to establish and maintain a reasonable, helpful stance toward themselves and their roles. They can also try to structure in-home counseling situations (by phone beforehand or during and between sessions) to establish expectations and ground rules.

No one is skillful or powerful enough to ensure that family crisis sessions always go smoothly. But we can maximize the possibility of cooperation and minimize the possibility of violence.

The Importance of the Worker's View of the Family

Family members usually do the best they can do. Within their particular way of seeing the world in the given situation, their behavior usually seems like the only or best option available to them at that moment. Angry and out-of-control people are usually hurting a great deal or feeling afraid. They are extremely vulnerable; treat them gently. It may help to remember what <u>you</u> need when you are angry.

Respecting the client's territory is particularly important for home-based workers. Making decisions for them or acting like the owner of the house is likely to make clients feel even less in control, and they may respond as adversaries. Worker compassion is often more effective than appearing to "handle" the situation. It is important to remember that you are usually in the home at the client's request. In this sense, you are a guest.

Sometimes training may get in the way in these situations. When families appear helpless and in crisis, it is easy to slip into the patronizing stance of "we really know what's best for you." It is more productive to view our role as helping family members get back in charge of themselves.

Our potential to do harm is as great as our potential to help. When families are in crisis, compassion is more important than technique. Counselors feel that people should change as a result of their work. This can lead to an adversary relationship with clients and a pattern in which the worker relies more on therapeutic techniques than on a concerned and caring relationship with the client. "Handling" people is almost always the result of such a situation, but for clients the sense of being manipulated can make them feel even worse. Compassion is the key to dealing with a family in crisis. We need to have techniques and we should be interested in helping people change, but respect, concern and understanding are the catalysts which make change possible.

Structuring the In-Home Counseling Situation

If the family has a telephone, there are several things the worker can do before going to the home that can help minimize the potential for violence and disruptive behavior.

Listening. If one or several family members sound pressured or angry, it may help to use active listening to encourage them to start getting their problems off their chests immediately. Talking on the phone is a competing response to violence.[2]

It is important to stick to reflection of feelings, content, and "I-messages" of concern during this time. Clients can easily interpret a worker's attempts to fix things by giving advice at such times as blaming or as a lack of respect for the client's own ability to get things together.

Ask them to stay apart until you arrive. If clients cannot think of any comfortable way to avoid blowups until you arrive, they may be relieved to agree simply to stay in separate rooms until you get there. This is also a good time to see how they would feel about talking to you separately once you arrive.

Bring co-workers. Sometimes a family has several people who are on the threshold of losing control. For such families it may be necessary to bring a co-worker for each out-of-control person. Sometimes the referring worker will be willing to go. Once you arrive, each worker can listen to one of the family members until everyone is calmer.

Re-evaluate the advisability of going to the home. For families with transportation, it may be better in some crises to forego the advantages of the home visit and ask them to come to your office. It may be appropriate to have them meet you at a restaurant. A strange environment may make it easier for them to retain control.

[2] Thomas Gordon, Parent Effectiveness Training (New York: Peter H. Wyden, 1973).

Get support from your supervisor. Supervisors should know if any staff member or client is in potential danger. They may have ideas for keeping things safe. They should be available for immediate consultation whenever staff members are in precarious situations.

Even in severely disorganized situations, several things can be done during in-home sessions to minimize the potential for violence.

Keep yourself calm. It is important to be aware of your own feelings and to manage them if they start to become a problem. Assure yourself that you don't have to push. Let your voice stay low. Don't be afraid to be silent, to sit there. Keep in mind trying to understand what each person in the family is trying to communicate. Take several deep breaths.

Continue to listen actively. If people feel understood, they usually feel calmer. Do a lot of reflecting back to them what you understand them to be saying.

Separate people. If things are too chaotic for you to hear clearly, explain that you really want to hear everyone's point of view and that it might be easier to do so one at a time. Acknowledge that family members probably aren't interested in repeating old battles.

Take the hardest person first. Often one family member seems particularly pessimistic and uncooperative. This person may have very useful information for the worker. Once that person feels heard, he or she can be helpful in supporting the worker and encouraging the rest of the family to participate in the counseling process.

Let family members know if you are having difficulty. If you find yourself getting overwhelmed, family members are probably aware of it. You will be more credible and powerful if you share with them your difficulty. They might help you by changing their problematic behaviors. "I-messages" are usually safest, such as "I'm having a really hard time hearing what you're trying to say while you're swinging that bat."

Take time out. Most explosive situations can be avoided if a sensitive counselor structures a break when he or she first notices that things are getting too tense. A walk around the block, a cup of coffee, or just a few minutes to think things over can do wonders for all involved. Again, starting with "I" is usually safest, such as, "I'm feeling really overloaded right now. Could we take a break for a few minutes?" Or, "I'm afraid things are going to get out of hand if we keep on like this. Could we take a short time-out?"

Do no harm. You're not a magician or a police officer. Many dramatic intervention attempts are also very high risk--for example, taking a weapon from someone. Just sitting quietly may be the best response in some cases. It is important to remember that when people's lives are at stake, the police may be the appropriate service providers.

One worker recalls wryly how she responded to a father who angrily demanded, "What would you do if I busted you in the mouth?" Calmly but with total candor, she replied, "I'd probably cry, run as fast as I could, and come right back with the police."

Other workers have found it effective to quietly remind threatening persons that "You don't have permission to hit me" or "Assault and battery is a felony." But recognize that this approach may be taken as a challenge by some clients. Workers must use discretion and intuition.

There are also a number of options to help maintain progress between in-home contacts and to prevent chaos until workers return to the family. For families in crisis, the next visit should be the following day. Until then, one of the options below may be used.

Monitoring. The worker can call the family at a pre-arranged time to check on how things are going. Such a call may also provide an opportunity to reinforce clients for trying new behaviors and to help them get back on the right track if they are experiencing difficulty. It avoids the problem of reinforcing clients only for crisis situations. When workers ask the family to call them if there is trouble, and when the only permissible time for families to talk to the worker is when the situation is out of control, a potentially reinforcing response for crisis behavior is established.

Environmental manipulation. It may help to arrange the situation to minimize the chances of difficulty arising. If a father has been abusive to a child, have the mother do the disciplining for a week. Have one or more family members stay in their own rooms until the next appointment. Have a family member stay with relatives or friends until the next meeting. Have family members schedule many outside activities. Have a friend or relative move in for a few days. The presence of another person in the home often changes the context enough to prevent outbursts.

Help clients gain self-control. The worker can suggest activities to clients which may help them recover or gain self-control. Encourage them to phone a friend or read a book which is stimulating or diverting. Urge them to focus not on feelings of anger but on the feelings which are more basic--hurt, loneliness, embarrassment and fear. Physical exercise or relaxation routines may help, or doing some housekeeping task (ironing, scrubbing the kitchen floor, etc.). Encourage clients

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Skill Building for Effective Intervention With Homeless Families

Marjorie Ziefert & Kaaren Strauch Brown

ABSTRACT: *Homeless families are alienated from friendship and service networks. The authors describe the skills necessary for outreach to homeless families in order to reconnect these families to various resources that will help their functioning and in their finding and maintaining permanent long-term housing.*

HOMELESS WOMEN and children are perhaps the most marginalized group in society. A home provides women and children with the rootedness from which they can master tasks of daily living. Without this stable base, families often begin to disintegrate. Role boundaries begin to loosen within the family, and specific functions are often usurped by people outside the family. Without intervention, the long-term consequence of homelessness can be the destruction of the family: children may be formally or informally placed outside their home while mothers become nomadic or maintain a residence in shelters.

Most homeless families have been homeless for some time, although they may have been staying with friends and relatives in overcrowded and often inhospitable locations until these connections have been used up. Family neediness may have taxed their support network to the point of withdrawal. Their isolation extends beyond the friendship network to the service community. Once homeless, daily survival becomes the priority, and long-range planning around child care, schooling, employment, and even long-term affordable housing takes a back seat. Families that have been homeless for an extended period have adapted to a life-style that makes it difficult for helping agencies to provide anything but the most concrete and immediate of services, such as food and shelter.

Although homelessness is directly related to poverty and the lack of affordable housing, most homeless families experience multiple problems such as unemployment, poor health, substance abuse, and/or victimization (Bassuk, Rubin, & Lauriat, 1986; Bassuk & Rosenberg, 1988). The problems of homeless children stem directly from the burdens of their parents, combined with the stresses that children experience when they do not have consistent, stable, or secure environments. Homeless children are often in poor health. They experience developmental delays and regression (Boxill & Beaty, 1987). They are angry, withdrawn, depressed, and mistrustful, frequently blaming themselves for their family's problems (Bassuk & Rubin, 1987).

In working with this population, the challenge is to make connections to adults and children of these families and then to reconnect them with the resources necessary to reestablish a functional family that can find and maintain permanent long-term housing. This article describes

Marjorie Ziefert and Kaaren Strauch Brown are associate professors, Social Work Department, Eastern Michigan University, Ypsilanti, Michigan. *This article was adapted from a paper presented at the National Association of Social Workers National Conference, October 11–14, 1989, San Francisco, California.*

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work with homeless women and their families living in a community shelter. The importance of providing services in addition to shelter is emphasized. Practice skills necessary for providing services to homeless women and children are discussed. These skills include crisis intervention, advocacy, family-role support, working in groups, and working with substance-abusing and mentally ill family heads. The differential needs of long- and short-term homeless families are placed within an ecological framework; successful work with these clients requires a holistic approach.

Poverty and Homelessness

The number of poor people has increased significantly between 1978 and 1987. From 1978 to 1983, the number of persons in poverty increased by 44%, from 24.5 to 35.3 million persons (Bureau of the Census, 1989). This poverty population, 76.7% of whom live in families, has remained relatively stable since 1983. Women head half of all poor families, and more than half the children in female-headed households are poor (Stallard, Ehrenreich, & Sklar, 1983). Moreover, the value of benefits for a family of three receiving Aid to Families with Dependent Children (AFDC) declined 37% between 1970 and 1987 (Green, 1988).

The current crisis of homelessness among families is the result of a shift in the balance between the number of low-income families and the amount of low-income housing available. As the number of poor families has increased, the number of affordable housing units has decreased (Hartman, Keating, & LeGates, 1982). As more families compete for fewer dwelling places, market forces drive rents higher. Stone (1983) defined "shelter poverty" as occurring when families cannot pay for both housing and nonhousing necessities. For low-income families, this occurs when they pay more than 50% of their income for housing. According to a recent housing analysis, many of this nation's poorest families pay 70% of their income in rent (Green, 1988).

Failure to raise the minimum wage and the consequent failure to raise AFDC payments to ensure a minimum standard of living have led to the warehousing of homeless families in shelters and welfare hotels/motels removed from mainstream society. These facilities have become full to capacity and frequently fail to offer access to essential supportive services. There is little turnover in population, despite the fact that for families with children, these facilities can be threatening and inhospitable, especially in our largest cities.

Characteristics of Homeless Families

All homeless families are poor; many are female headed. Poor families who lose housing for extended periods have difficulty competing for housing when they try to reobtain it. Several studies have attempted to document characteristics that distinguish between homeless families and other very poor families. In one of the early studies of homeless families, Main (1986) commented:

> Families headed by single females run a great risk of having lower incomes and living in inadequate—often severely deficient—housing for which they must pay a much larger portion of their income in rent. . . . But, for the most part, these families remain stable, adequately solve their problems, and successfully meet crises that arise with work, illness, child care, and schooling. The homeless in this study have failures—in reality a prolonged series of failures from which they never fully recover—which indicates an inability to meet their health, economic, and housing needs . . . homeless families have problems aside from lack of housing. Housing problems do exist, especially in areas such as Boston and New York City. But while a shortage of inexpensive housing does lead to an increase in doubling up, it is the weakest families that are unable to cope with the situation and end up homeless (p. 8).

Homeless families in shelters have the following general characteristics. Minority and single-mother families are disproportionately represented. Most families were very poor before their current episode of homelessness began. Eviction and unemployment, coupled with recent migration and relationship difficulties with male partners, are major precipitating factors in the person's current episode of homelessness. Families are unable to turn to their families of origin for assistance because their kin are either deceased, out of town, or estranged (McChesney, 1986).

According to testimony before the U.S. House of Representatives (1987), teen parents made up a significant number of homeless families seeking shelter (50% in Boston during 1985 and 20% in San Antonio, Texas). Many of these parents were "graduates" of the child welfare system. Homeless female heads of households are more likely to have been physically and/or sexually abused as children (D'Ercole & Struening,

1987), to be substance abusers, mobile, and to be mentally ill than are female heads of households with housing. In addition, homeless heads of households are less likely to report current involvement with a housing or human services agency (Bassuk & Rosenberg, 1988).

The children in homeless families experience developmental delays, severe depression, anxiety, and learning disorders (Bassuk & Rubin, 1987). Boxill and Beaty (1987) report the difficulties mothers and children have in maintaining relationships in shelters, which has severe consequences for the sense of security and continuity among children.

Gender differences in the paths to homelessness are beginning to appear in the research literature. Women are more likely than are men to be homeless because of family stress, particularly domestic violence (Hagen & Ivanoff, 1988; Roth, Toomey, & First, 1986). One third of homeless women interviewed in Portland, Oregon, were homeless as a consequence of leaving an abusive relationship (Anderson, Boe, & Smith, 1988). Twenty-two percent of homeless women in Albany, New York, listed domestic violence as a key factor leading to their homeless condition (Hagan & Ivanoff, 1988). More homeless women than men have been raised in institutional care, have been sexually or physically abused as a child, and/or have dependent children (Anderson, Boe, & Smith, 1988; Bassuk et al., 1986; Crystal, 1984; D'Ercole & Struening, 1987; Morse, Shields, Hanneke, Calsyn, Burger, & Nelson, 1985). Two-thirds of the homeless female heads of household interviewed by Bassuk et al. in Massachusetts reported experiencing major family disruptions when they were children.

Many homeless women have experienced victimization and losses prior to homelessness. Once homeless, women find themselves and their children at the mercy of strangers and without privacy, adequate food, shelter, medical care, or clothing.

Fried (1982) defines endemic stress as a "condition of continuous and manifold changes, demands, threats, or deprivations, frequently small in scale and embedded in daily life events" (p. 5). It is a phenomenon of persisting, sometimes increasing, scarcity, including the continuing experiences of inadequate resources and/or role opportunities. Adaptations to endemic stress include withdrawal and alienation accompanied by resignation as the individual's social contacts decrease. According to Fried, this slow but continuing process of role contraction is the major psychosocial cost of adaptation to endemic stress.

Other investigators who have studied the linkages between stress and illness describe the psychological characteristics that help "insulate" people from the impact of major changes in social relationships, deprivations and dislocations, and changes in interpersonal relationships (in short, the events associated with homelessness).

> [T]he healthiest members of our samples often showed little psychological reaction to events and situations which caused profound reactions in other members of the groups. They seemed to have a shallow attachment to people, goals, or groups, and they readily shifted to other relationships when established relationships were disrupted. There was an almost "sociopathic" flavor to some of them (Hinkle, 1974, pp. 40–41).

The particular impact that homelessness has upon individual functioning is related to the length and frequency of homelessness. Three distinct groups emerge—the chronically homeless, who have been homeless for a year or longer; the marginally or episodically homeless, who alternate life in shelters or on the street with living with friends and family and with occasional short-term interludes in independent housing; and the situationally homeless, who are homeless for the first time (Arce, Tadlock, Vergare, Shapiro, 1983; Rosnow, Shaw, and others, 1985).

First-time homeless persons have usually been homeless for shorter periods than other homeless persons. These *situationally homeless* individuals are likely to be receiving help from, and maintaining close relationships with, family members in the community. Loss of a job, loss of welfare benefits, or interpersonal conflict (including battering) are events typically leading to loss of residence.

The marginally homeless are more likely to be perceived as having a mental health or a substance-abuse problem than are situationally homeless persons. They rely on other homeless people for help rather than on family members. These individuals are well acquainted with the social service system and can engage that system to meet their needs. Loss of welfare benefits is the economic event that precipitated homelessness for some of these people. Members of this group have experienced homelessness before, some many times.

The chronically or habitually homeless are the least likely to be found in a shelter and the

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most likely to be assessed as mentally ill. They do not use private or public charity. Their support network is limited to one or two other street people with whom they share food and places to sleep as well as other information crucial to survival. The chronically homeless have developed a routine for living on the street.

In looking at these three groupings, we see the progressive detachment of person from community. The individual withdraws in an attempt to be safe, both physically and psychologically, and the community withdraws by segregating the homeless in shelters.

Homeless families appear in all three groups. There are fewer families among the chronically homeless because over time their children are, by choice or by court order, turned over to relatives or the child welfare system. Because appropriate social-role behaviors are undermined and eventually lost during prolonged homelessness, adults find it difficult to continue to function as responsible parents.

In summary, members of homeless families are likely to experience serious personal problems in the context of shrinking formal and informal social networks as they struggle with the impact of homelessness on themselves and their children. Homelessness is the last stage of a marginalization process of individuals and families in a society that has no need for them. To understand this process, one must understand the events that lead to homelessness and the effects of homelessness upon mothers and children. The sense of resignation that occurs among homeless people, coupled with their quite narrow and somewhat rigid definitions of social roles, especially family roles (Fried, 1982), and the absence of close sustaining adult relationships that characterize homeless families is the context in which the helping process must occur.

The shelter itself is the other context in which the helping process must occur. When the family enters a shelter, members begin their adaptations to shelter life, characterized by decreasing interpersonal responsiveness, increasing passivity, and increasing dependency on others (Grunberg & Eagle, 1990). These characteristics may make professionals feel uncomfortable in that clients seem unable or unwilling to enter into the social worker–client relationship that precedes ongoing service.

Historically, shelters have offered a safe, temporary shelter for the homeless (Hirsch, 1989). Shelters have had a high tolerance for nondisruptive substance abusers. The structure of shelter life allows individuals to interact without becoming involved. Because shelter life can exacerbate the alienation homeless families experience on the streets, the shelter advocate is a vital element in helping families maintain or reestablish connections to the community.

Shelter advocates are primarily social workers and social work students at both the master's and bachelor's levels. Their role includes case and systems advocacy on behalf of homeless families. Advocates work with residents from intake until permanent housing is found. They work from an ecological and systems perspective. With this perspective, human problems are viewed not as being located in individuals or families but rather in the transactions that occur between people and their environments. Thus the environment is examined in an effort to locate resources and to develop interventions that will facilitate social change in community systems that have a legal mandate to provide services to children and their families.

Practice with Homeless Families

The practice perspective presented here is based on the work of a family-shelter program located in a medium-sized midwestern city. The program provides emergency shelter (30 days) to homeless families who are willing to be actively involved with an advocate. The advocate assesses family needs, helps them find direct services, and makes referrals to community resources. The advocate also assists families in their search for housing. After families have been housed, they participate in a six-month to one-year follow-up program in which they are assigned to a worker whose role it is to provide support, advocacy, and case management. The physical setting of the family shelter allows families to have private space in their own apartment while fostering social involvement through the use of common space and activities.

A large majority (approximately 95%) of the families referred to the shelter are single-parent, female-headed families. Thus a lot of the programming is designed to accommodate and address the needs of women and children. On the rare occasions when a two-parent family resides at the shelter, efforts are made to engage the adult male family member and to address the different needs he may have through a referral to a community-based men's support group, such as relapse prevention or assailants' groups.

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Shelter advocates work closely with shelter residents. Advocates demonstrate a willingness to become actively involved in the residents' activities of daily living when necessary, whether this means changing a diaper or going food shopping with the family. Advocates understand the dangers of life on the street, especially as they affect a parent's ability to care for children. Advocates offer help to families with truncated social networks, providing support for the family in a time of crisis and facilitating members' reconnection to the community. The adults in homeless families frequently have many unmet dependency needs. Advocates are able to accept this dependency as part of the process of establishing a trusting relationship in order to engage the family in the helping process.

The advocate works with the resident in identifying areas, such as credit or budgeting problems or household management skills, that impact on finding and maintaining permanent housing. As the trust between the resident and advocate increases, other areas may be identified that may not relate directly to homelessness but rather to the family's quality of life. Advocates provide direct service around issues of housing as well as case-management services such as case coordination and referral for services that will help residents address long-term issues in their life. These larger issues are addressed by advocates in conjunction with administrative staff and in coalition with other community agencies.

For the newly homeless family, homelessness creates feelings and behaviors typical of a crisis situation.

Differential assessment of the family's stage of homelessness allows the advocate to determine accurately the most helpful short- and long-term intervention strategies. The advocate gathers data about the length of homelessness, the number of episodes of homelessness, the causes of each episode, and life events before homelessness in order to develop an accurate picture of the personal and familial problems as well as the family's strengths and ability to deal with their situation. With this information, the advocate is able to develop a service plan that is relevant to the family's needs.

Becoming homeless has two phases: displacement and the inability to locate replacement housing. For first-time-homeless families, crisis intervention is used during the displacement phase to support family members as they struggle with the losses associated with becoming homeless, especially the loss of private physical space (a home), which helps maintain family boundaries. The goal here is to maintain the family's pre-homeless level of functioning, especially the social roles necessary to family life and interaction with the community.

In the shelter setting, short-term needs for food, clothing, sleep, and shelter are met, reducing residents' anxiety about survival. For families in the shelter, this concrete help communicates a sense of caring, developing a foundation upon which trust and relationships are established.

For the newly homeless family, homelessness creates feelings and behaviors typical of a crisis situation. Families feel isolated and overwhelmed by a sense of hopelessness, depression and mourning, and heightened anxiety (Golan, 1986). Understanding the impact of this crisis on individuals in the family at the time of entry is crucial to proper planning because the immobilization and disorganization resulting from a crisis need to be differentiated from chronic problems. Many residents are defensive and exhibit hostility; some are passive and compliant and rapidly become engaged and functional as support is provided.

Shelter advocates offer a sense of hope to counter the pervasive hopelessness experienced by new residents. Anxiety is alleviated by providing safe and private space, food, and respite child care. The resident begins to feel a sense of control over her life. The community experience at the shelter helps to break down the isolation of new residents. Ongoing contact with staff and other residents through both formal and informal interactions provides a sense of safety upon which family strengths can be nurtured.

Many families have some ties to a natural support network and have had recent experiences in maintaining a home, a job, and family life. Advocates attempt to strengthen families' connections to their existing support systems and community resources as well as to find affordable housing. These efforts usually lead to reestablishment of role functions necessary to family life.

Although episodically homeless families gratefully accept concrete assistance, such help does not necessarily mean the family will be able to find housing. For these families, their past and current life situations require a long-term commitment of time and resources to assist the adults

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in reestablishing themselves as participating members of the community. Trust is difficult to establish and maintain among these families. They have adjusted to periodic homelessness, adapting to social roles that do not demand high levels of personal functioning. Advocates need to understand that their behavior is an adaptation to endemic stress so that services that focus on connections among family members and between family and community can be reestablished.

The parenting role disintegrates quickly when a family becomes homeless. A primary task for shelter advocates is to reconnect family members to one another by strengthening their adaptive social role behaviors. Family boundaries are often fragmented and parent roles abdicated. Children may be left on their own for long periods; destruction of property and fighting among children may occur without intervention or protection. Meals and sleep are unstructured, if they exist at all. In some families, on the other hand, parent roles are rigidly conceived and performed. Discipline may be harsh, and children may be prohibited from engaging in developmentally appropriate exploration. Closed boundaries that preclude accepting outside assistance, including respite, may exist.

In the shelter, families are supported in their parenting roles with rules that mitigate negative parenting styles. For example, parents are responsible for their children, hitting is not allowed, child care must be arranged with staff when a parent leaves the facility, and children must attend school. For many parents, these rules may be seen as undermining parental authority. Advocates work with parents to support their role and to share new parenting skills.

Parents are encouraged to consult with advocates when they feel out of control. On-the-spot consultation may help the parent use a "time out" instead of hitting or may model negotiation of conflict between two children. Parents are reminded to change dirty diapers, to feed a child, or to give positive feedback to their children.

As families are assessed regarding whether maladaptive parenting behaviors are crisis related or related to endemic stress, appropriate resources are explored. Parenting classes are provided in-house, and some residents begin utilizing programs such as parent aides and visiting public health nurses. If these connections can be made while the family is at the shelter, trust in other service providers may be developed, thus allowing the family to maintain a support network after the family is rehoused. In an effort to support parent–child relationships during this period of homelessness, activities and events that reinforce the positive (and fun) aspects of parenting are offered. Parents plan and are provided with money to give birthday parties, holidays are celebrated, and family outings to movies, museums, and parks are organized. All of these activities help reduce the stressful and demoralizing effects of homelessness, shelter life, and the search for affordable housing.

While support, education, and resources are provided to mothers at the shelter, a parallel process of assessment occurs for their children. Long- and short-term needs are identified by advocates and parents, and intervention plans are initiated. Concerns that are commonly identified during ongoing assessment include lack of immunizations, speech impediments and developmental delays, aggressive or withdrawn behavior, and inappropriate sexual and social behaviors. Relationships with mental health agencies, day-care centers, public health agencies, and schools help to expedite access to needed services to address these and other concerns.

Therapeutic intervention occurs for children in the shelter, too. A daily after-school and full-day summer "Kiddie Club" provides culturally enriching activities that enhance self-esteem. In the context of the Kiddie Club, advocates learn a lot about the children and their interaction with adults and peers, which is then utilized in the planning process with their families.

With persistence and patience the shelter staff is able to engage the adults in looking for housing. Daily reminders, encouragement, and "hand holding" are necessary. Advocates reinforce positive behaviors and encourage mothers to take risks with new behaviors. The intimate daily contact afforded by the setting allows staff to observe counterproductive behaviors. The major issues that make adults uncompetitive in a tight housing market are substance abuse, inappropriate interpersonal skills, and poor housing skills.

Through an arrangement with a local substance-abuse agency, all residents who exhibit a pattern of behavior that may be indicative of substance abuse (mood swings, sleeping excessively, bloodshot eyes) are assessed. Residents are told of the staff's concern, asked to participate in the assessment, including a urine test, and, if substance abuse is substantiated, to follow through on the recommendations for treatment. If the resident does not comply, the family is asked to leave the

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shelter because substance abuse interferes with finding and keeping stable housing in the community. The threat of expulsion gives the shelter a great deal of leverage in getting substance abusers to accept assessment and treatment.

Lack of interpersonal skills often keeps residents from receiving needed services that would support them in finding housing. Homeless persons' inability to communicate their needs, their volatility in the face of frustration, and negative attitudes toward potential resources make it easy for public social welfare workers to erect barriers to available resources. For example, in the local public assistance office that serves shelter residents, workers frequently do not tell homeless family heads that they can apply for emergency monies to help with deposits required by landlords. Controlling one's anger in the face of a withholding and unfriendly bureaucracy is a difficult task for people in any situation. However, the rigidity of the system can be used to teach residents important competence-building lessons. If the resident understands his or her rights and assertively, politely, and clearly communicates his or her needs to a public assistance worker, not only do resources become more available, but a connection is forged with the community.

Although housing skills are often taken for granted, a large number of homeless women seem to lack the knowledge required for finding and maintaining housing. Housing skills include knowing how and where to search; presenting one's self in the most favorable light to a landlord; money-management skills that ensure prompt rent payment; reasonable housekeeping skills, including the proper care and use of appliances; and knowledge of the rights and responsibilities of a tenant. In the shelter setting, knowledge and skill gaps of residents are easily identifiable. The shelter serves as a "laboratory" for assessing existing skills and for practicing new skills. Residents are expected to care for their shelter apartments while advocates serve both a supportive and an educational function in helping them to sharpen their housing skills.

In a tight housing market, it becomes important to know how to present one's self to a wary landlord. Helping residents identify and communicate their strengths and improve their physical presentation (by getting a new dress, hairdo, or replacing missing teeth) make residents more marketable, improves their self-concept, and breaks the cycle of hopelessness created by their current situation and past experiences. Contributions and donations are solicited from the community for such purposes.

The short-term interventions that occur while families are at the shelter begin to address the many and varied needs of homeless persons. A successful housing search and the development of trusting, dependable relationships with one another and the staff are the main goals at the shelter. Many homeless families lack a strong support network. For them, the shelter serves some of the functions of that network. In the follow-up program, families continue to deal with issues identified as problems while they were at the shelter. New issues emerge, allowing advocates to mobilize community resources to address these new needs. Former residents begin to learn to approach and connect with community resources themselves. They call and return to the shelter when in need of further assistance, when in crisis, and to communicate good news.

Conclusion

Working with homeless families requires more than merely sheltering people until housing can be found. The personal histories of most homeless women, compounded by the effects of homelessness, have generated a population that has both withdrawn from and has been rejected by the community. Safe, comfortable shelters help engage residents in trusting relationships. The shelter provides for basic needs, allows workers an opportunity to assess the consequences of the homeless experience upon residents, and allows residents to begin to heal. Rehabilitative and developmental intervention strategies can then begin to address the varied needs of these families.

Targeting services to families based on the length of their homelessness can help agencies deliver scarce service resources efficiently. Situationally homeless families frequently need only crisis intervention and support in finding new housing. Episodically homeless families require a range of more intensive services and support for both adults and children. They may need transitional housing to regain the skills and confidence necessary for them to acquire stable, independent housing.

Supporting families in strengthening their intrafamilial relationships is critical. Within the boundaries of the shelter, families begin to experience positive interactions with one another and with helping professionals. These connections can then be established with the community. Remaking connections is a long, difficult process. Without the ongoing support of the shelter program, the problems that made these families unable to compete

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for scarce housing can make them vulnerable to homelessness again. Warehousing families without providing services can lead to chronic homelessness and family disintegration.

Addressing the needs of homeless families cannot be done through sheltering programs alone. The need for more affordable family housing must be confronted by society. Local initiatives as well as state and federal action must be undertaken in order to deal with homelessness. Without affordable housing, shelters are put in the position of providing permanent housing and funding for needed services is precluded by the need for more bed space.

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PRACTICE NOTES

Providing child protection services is demanding work. Budgets supporting on-the-job training and professional development are often the first to be cut. Members have expressed a desire for more specific information on the casework process - a "how to do it" of good practice.

"Practice Notes" are intended to provide assistance to child protective services professionals. Future editions will cover other issues of direct practice.

If you have a particular problem case or practice issue and you want to get a "second opinion," or if you have a training topic you would like to have addressed, please write to the Exchange Editor at AAPC. We will respond to as many requests as possible by drawing upon our national network of child protection professionals.

This first edition of "Practice Notes" has been contributed by Geral Blanchard, a clinical social worker who is in private practice in family violence training, consultation and therapy. Mr. Blanchard is also a member of the national faculty of the American Association for Protecting Children.

THE RESISTANT CLIENT

By Geral Blanchard, A.C.P.S.
Sheridan, Wyoming

The "unwelcome visitor"

Child protection workers endure being the unwelcome visitor in home after home. Often they are met by hostile or abrasive parents, both appearing to be quite menacing, if not dangerous to the worker. Knowing how to assess these two communication styles will assist in determining present danger and effective intervention strategies.

Some clinicians have said there is no such thing as a resistant client-- only therapists who have difficulty connecting. Certainly we all can agree that a compassionate connectedness can diffuse some of the hostility and abrasiveness found in many child protection clients.

Understand psychology; Relate effectively

The worker's first task is to understand the psychology behind each communication style. While hostile communicators pose a genuine threat to worker safety, abrasive communicators are best viewed as annoying. Effectively relating to either one requires special skills.

Hostile clients

Hostile clients often present themselves as angry victims loudly proclaiming how they have been maligned mistreated and misunderstood. They may threaten violence. Usually you will detect a failure identity with marked guilt and shame. Trust will be impaired To take the focus off their shortcomings, hostile parents will attempt to control the interview and admit no responsibility while blaming others for their problems. To further assuage guilt, rationalization

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may be used extensively. If the hostile communicators feel hopelessly afraid and cornered in an interview, they can be inflamed to the point of assaulting the worker.

With the hostile client one must lower authority and allow for the ventilation of anger, being responsive rather than defensive. Also, approach hostility with honesty about one's purpose, being careful not to use blaming or shaming words, recognize and discuss areas of disagreement, don't unnecessarily encroach on the client's autonomy and be vigilant in pointing out positive attributes. Trying to begin a logical conversation before someone has ventilated their hostile feelings can serve to increase tensions, further jeopardizing worker safety.

Abrasive client

In contrast, the abrasive client takes the offensive with caustic, challenging, and sarcastic speech, always rubbing you the wrong way, usually appearing quite unaware of his/her irritating disposition. Until underlying needs and fears are understood and penetrated, the client will "keep on coming," wearing the worker down.

This is a person who craves, yet fears, intimacy. Behind the effrontery however, is a very sad, threatened, hurt and lonely individual. Feelings of estrangement, worthlessness and impotence are disguised by the facade of grandiosity and infallibility. The abrasive reflex long ago taught this person that this is the only way to make contact and gain credibility.

To connect with the abrasive communicator, workers are encouraged to respond to the underlying wounds rather than the surface combativeness. While the client attempts to push people away, the worker will make every effort to view the verbal onslaught as a defense, not as a personal attack. Because the abrasive communicator expects another rejection, the first task is to avoid delivering it. In fact, the client may be testing his/her safety by observing the responses to their caviling. Consequently, show persistent acceptance and respect, a non-combative nature, slowly offer nurturance and, recognizing their fragile nature, ration out negative feedback regarding their behavior.

Rehearsals Needed

Disarming both types of clients requires thorough rehearsals before workers enter the "combat zone." While the client attacks and attempts to invalidate the child protection staff, supervisors must assist in shoring up ego strength and ego boundaries. Although they are a heavy burden on workers, hostile and abrasive parents can transform their energies in such a way that they no longer need an outside target and their growth can be an inspiration to all.

DEPRESSION

The severity of Depression can range from mild, moderate, to severe. Having "the blues" is a mild form of depression. Often, using healthy coping strategies can help "the blues" to pass. But if left unchecked, "the blues" can lead to more severe forms of depression - often called Clinical Depression or Major Depression.

Clinical Depression is more than just sad feelings or blues. No amount of "cheering up", "keeping a stiff upper lip," "toughing it out," exercise, vitamins or vacations will help. It is a medical illness causing persistent changes in mood, behavior and feelings. If not treated, the episode can last nine months to a year and will probably happen again in one's life time.

The good news is that no matter what the symptoms and causes of the depression, 80-90% of people with Clinical Depression can be helped through therapy and/or medication.

CAUSES

All causes of depression are not known. There are documented biological, psychological, environmental causes which can increase the likelihood that depression will occur - but for most, it is a combination of factors that causes Depression.

Biological	Strong genetic link to depressive disorders. Often runs in families. Can be inherited. Not everyone with genetic disposition develops the illness and some with no family history develop depression. Also, depression may be due to too many or too few neuro chemicals. Further, studies done linking nicotine addiction to depression. As the number of smokers falls, number of depressives rises. Low thyroid also associated with depression and affects mostly women. Also found that frontal lobes of severaly depressed patients are 7% smaller than healthy individuals' brains.
Environment	Bad life experiences, few or no sources of support, threatening life events, overwhelming stressful situations, loss of something significant, chronic illness, difficult relationships, major life transitions or changes.
Psychological	Certain personality patterns such as difficulty handling stress, low self-esteem, or extreme pessimism about future can increase likelihood of becoming depressed. Often, depression is thought of being hostility turned inward (perhaps as a result of a significant loss in childhood).

Symptoms

Feelings of
- sadness/emptiness
- hopelessness/pessimism/guilt/anxiety
- helplessness or worthlessness
- shame
- dejection
- brain is broken

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Symptoms con't

Person seems	unable to make decisions unable to concentrate and remember uninterested in pleasurable or ordinary activities increased number of problems with family/school/friends irritable over little things to have low self-esteem/self-loathing
Complains of	loss of energy and drive - slowed down trouble falling/staying asleep and getting up appetite problems - losing/gaining weight headaches/stomachaches/backaches chronic aches and pains in joints/muscles
Behavior	loss of interest in sex sudden unexplained changes in behavior restless/more irritable wants to be alone most of the time cutting classes/dropping hobbies and activities drinking heavily or drug usage crying a lot
Talks about	death and/or suicide

A single person rarely reveals all symptoms at the same time - only a few need to be persistently present and are out of proportion to that person's life situation. Even if symptoms are present, people in general do not get help because they don't recognize symptoms and they may not know they are depressed. Also, fear and shame may prevent people from asking for help. Remember, Depression is not a weakness - it is a serious health disorder. It causes people not to think clearly and ultimately not to seek the help they may need.

Those who are most suseptible to Depression

Environmental depression is the most common in most populations - and some people, no matter what their situation, are more susceptible than others:

- -those with poor coping skills
- -those who have few friends
- -those who interact with people who are prone to depression

Many people who are going through major life transitions have mild depression. Some may find the changes and small stressors involved in life transitions can produce mild depressive symptoms. These symptoms are normal. The following are some of the coping strategies that can help some people get through mild depressive episodes:

Talking	Doing something for self	Socializing
Meditation	Relaxation	Positive self talk
Analyzing	Writing in Journal	Calling friends
Calling family	Changing environments	Resting
Crying	Exercising	

For some, however, these coping strategies do not help and situations are seen as overwhelming. Many life stressors when coupled with the person's psychological and biological makeup will often cause depression to set in. The following are those who are most susceptible to Clinical Depression:

1. Lonely and isolated individuals (Non-lonely people may not become depressed when encountering high levels of stress, presumably because of access to social support).
2. Those who have little support from family
3. Those who have irrational beliefs and thoughts
4. Those who have feelings of being helpless/alone in social world
5. Those who have little self-competence/confident in social interaction
6. Those who have poor problem solving appraisal
7. Those who have high levels of negative life stress
8. Those who have seriously thought about or attempted suicide in past

Prevention

If there is not a biological basis for depression, one can keep major depression from ever setting in by:

1. Generating coping strategies that have worked and are healthy from other experiences. The greater the number of strategies, the greater the probability of coping.
2. Gathering a support system
3. Working on communication and assertiveness skills
4. Seeing a counselor early on if extra support/encouragement is needed.

Treatment

Generally if major depression has set in, therapists today use a combination of cognitive and behavioral techniques along with medication to deal with the depression. (Electric Convulsive Therapy and Chemotherapy are used in rare instances when other modes of therapy are unsuccessful.) With Cognitive/Behavior Therapy, the goal is to help the person to gain insight into his/her issues and then to take action. These goals may be met by helping client:

-learn positive ways to think of self
-learn betters ways to deal with life problems
-learn interpersonal and communication skills
-gather insight into how past/present events may have influence depression
-manage relationships
-learn problem-solving skills
-manage stress
-learn to have expectations according to potentialities
-face failure with an increased level of tolerance
-in general, learn to develop a more stable long-range adjustment in life

Medications are often prescribed along with cognitive/behavioral therapy to give quick symptom relief, so that psychotherapy will be more effective. Medications (for Depression: Tricyclics, Monoamine Oxidase Inhibitors [MAOIs], Lithium, and Serotonin Specific Reuptake Inhibitors [SSRIs]) must be taken exactly as prescribed, for as long as they are prescribed - even if the person starts to feel better.

Ways to Help Others

If a friend/loved one, shows many symptoms of Depression for a prolonged period of time, listen and encourage him or her to ask a professional (instructor, counselor) about Depression and treatment.

Again, the way people feel who are depressed does not accurately reflect the situation they are in - but the depression keeps them from realizing this and seeking help. Don't be frustrated if the person resists or denies the need for help. You may need to contact someone yourself especially if the person threatens death or suicide. You can contact family doctor, mental health specialists, private clinics, or college counseling centers for advice on whether there is anything you can do.

REMEMBER: People don't get depressed because they want to - very few like being depressed.

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UNDERSTANDING INTERPERSONAL COMMUNICATION

adapted by
Dena B. Targ,
Extension Human Development Specialist

What does interpersonal communication have to do with fighting inflation? When money is tight, tremendous stress is exerted on the individual and the family. As workers, people feel the need to earn more money and to hold on to their jobs. As consumers, they feel pressured to get the most for their money. These stresses often carry over into interpersonal relationships. Family, business and other types of relationships suffer. Individuals need every bit of skill they can muster to keep their family and personal bonds strong.

Effective communication is a key to strengthening relationships. The person who can express himself or herself effectively and can understand what others are saying and feeling can help minimize the damage caused by external stress.

While poor communication often leads to misunderstanding between people, good communication helps to build understanding. As misunderstanding hinders relationships between individuals and groups, understanding builds these relationships.

You can improve your communication skills. By communicating clearly and accurately you can avoid many of the misunderstandings that lead to tensions and conflicts in interpersonal relationships.

WHAT IS COMMUNICATION?

By definition, communication means to impart, to pass along, to make known, to give and receive information. The word "communication" comes from the Latin word "communis" which means common. Therefore, when you attempt to communicate you are trying to establish a "commonness" with another individual or with a group. In a basic sense you are trying to share. You also communicate for other reasons including:

exchanging ideas
gaining knowledge
increasing your understanding of others
testing your thoughts
reducing tension and resolving conflicts
making friends
solving problems
performing your job more effectively
expressing feelings such as joy, anger, fear, love, hostility and contentment

Interpersonal communication is much more than just the exchange of words between two people. It is what you say, how you say it, why you say it, when you say it and what you neglect to say. It is your facial expressions, your gestures, your posture, your vocal tones. In other words, it includes a whole set of actions or techniques which make up body language, or nonverbal language.

BASIC ELEMENTS OF COMMUNICATION

Broken down into its most basic form, interpersonal communication has three distinct elements:

- a sender: the person who speaks or who has a message to send.
- a message: the idea, thought, information, feeling or emotion to be communicated.
- a receiver: the person for whom the message is intended, in other words, the listener or observer.

At first glance, this all seems very simple — sender, message, receiver. You use words to deliver a message to someone else.

VERBAL COMMUNICATION

Words are an important part of the communication process. But there is much more to sending and receiving messages than the mere exchange of words.

Each individual has a different background of experience. The differing experience gives words their

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meanings. Thus the same words often have different meanings for different people. To a parent, "late" may mean midnight, while to a teenager it may mean 1:30 or 2:00 a.m. To speak of a full moon will imply different things to the astrologer, to the surf fisherman and to the poet.

Some words stir the emotions. Because a certain word may arouse or stimulate strong emotions, people sometimes have difficulty listening to what is actually being said. A certain word may sidetrack a person into some personal feelings that are not related to the message of the moment; or the person may interpret that word in terms of personal meanings. Examples of some common emotionally tinged words are "redneck" and "hippie." Each person has a listing of words that evoke strong emotions or opinions.

You can listen much faster than another person can speak. People speak at an average rate of about 125 words per minute. However, they listen at roughly 400 words per minute. Thus, people have a strong tendency to think ahead of the person who is speaking. They may wrongly assume that they know what is going to be said; or may think ahead, lose track and then fill in with their own meanings. Often, people are so eager to express their thoughts that they interrupt before the speaker has completed the message.

Words are sometimes used to prevent communication. People often lay down a barrage or smokescreen of words as a common way of hiding true feelings.

NONVERBAL COMMUNICATION

It is taken for granted that words are the basic tools of communication. But, as a part of interpersonal communication, nonverbal messages also play a very significant role. It has been estimated that up to 70 percent of the most meaningful communication between people is of the nonverbal type. Nonverbal language has many components:

posture and body position
facial expressions
voice inflection and tone
rate of speech
gestures and mannerisms
behavior and actions
and many others

Before a baby can talk he or she is able to communicate different needs and feelings to others. Babies smile, gurgle, reach, stiffen muscles, twist, make faces and cry. And their nonverbal behavior differs depending on the situation.

From a distance, observe two people in conversation. Even though you cannot hear the words, you can tell whether they are business-like, hostile, cordial, at ease, flirting or whatever.

With the sound turned down, watch a TV program. You will find that you can get a rather accurate idea of what is going on, although you may not be able to explain it in detail.

AWARENESS OF BODY LANGUAGE

You are already aware of some components of body language. These are likely to be such deliberate gestures as handshakes, waves, head nods, smiles, shoulder shrugs, etc. But you may be unaware of other components of body language such as tight muscles, raised eyebrows, clenched fists, perspiration, breathing rate and the space that you place between yourself and others.

You may not be aware of these signals in a conscious way, but you are still receiving and responding to them. For example: you ask your wife, "How did your day go?" She smiles and says, "Wonderful." That is one message, the verbal one. But there is another, nonverbal, message. Her smile was fleeting and her eyes seemed to look past you.

How would such an incident make you feel? Confused? A bit uneasy? Irritated? Hurt? It probably depends on how you interpreted the total situation. But you did get two different messages and the range of possible interpretations leaves a lot of room for misunderstanding. Or maybe you understood all too clearly the second "unconscious" message. Either way, you may have doubts as to what your wife really means.

How often do you send or convey two different messages? Are you always aware of what you are communicating via your nonverbal language? Are you alert to the body language message of others?

IMPROVING RELATIONSHIPS WITH OTHERS

You can improve the quality of your interpersonal communication. In turn, this can help you improve your relationships with others. To do this, you must become aware of the various elements of communication. As this happens, you can become more accurate and honest in both your verbal and nonverbal language. As you become more sensitive to this process in yourself, you may become more perceptive and alert to the various subtle messages that others are sending. Thus, you can become a more effective listener. If you listen carefully to others you can begin to solve problems in a satisfying way.

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BEHAVIOR DESCRIPTION

A Basic Communication Skill for Improving Interpersonal Skills

The Problem: If you and another person are to discuss the way you work together or what is happening in your relationship, both of you must be able to talk about what each of you does that affects the other. This is not easy. Most of us have trouble describing another's behavior clearly enough that he can understand what actions of his we have in mind.

Instead of describing the other person's behavior we usually discuss his attitudes, his motivations, his traits and personality characteristics. Often our statements are more expressive of the way we feel about the other actions than they are informing about his behavior. And yet we may be unaware of our feelings at the time.

Let's suppose that you tell me that I am rude (a trait) or that I don't care about your opinion (my motivation). Because I am not trying to be rude and because I feel that I do care about your opinion, I don't understand what you are trying to communicate. We certainly have not moved closer to shared understanding. However, if you point out that several times in the past few minutes I have interrupted you and have overridden you before you could finish what you were saying, I receive a clearer picture of what actions of mine were affecting you.

The Skill: Behavior description means reporting specific, observable actions of others (1) without placing a value on them as right or wrong, bad or good, (2) without making accusations or generalizations about the other's motives, attitudes, or personality traits.

You try to let others know what behavior you are responding to by describing it clearly enough and specifically enough that others know what you observed. To do this you must describe physical evidence, actions that are open to anybody's observations. Sometimes, for practice, it is helpful to try beginning your description with "I see that..." or "I noticed that..." or I hear you say..." to remind yourself that you are trying to describe specific actions.

Examples: "Jim you've talked more than others on this topic. Several times you cut others off before they had finished."

NOT: "Jim, you're too rude." Which names a trait and gives no evidence.

NOT: "Jim, you always want to log the center of attention." Which impute an undesirable motive or intention.

"Bob, you've taken the opposite of nearly everything Barry has suggested today."

NOT: "Bob, you're just trying to show Harry up." Which is an accusation of undesirable motivation.

NOT: "Bob, you're being stubborn." Which is name calling.

"Sam, you cut in before I finished."

NOT: "Sam, you deliberately didn't let me finish." The word deliberately implies that Sam knowingly and intentionally cut you off. All that anybody can observe is that he did cut in before you had finished.

Several members of the group had told Ben hat he was too arrogant. Ben was confused and puzzled by this judgment. He was puzzled because he didn't feel arrogant or scornful of the others. In fact, he admitted that he really felt nervous and unsure of himself. Finally, Joe commented that Ben often laughed explosively after someone made a comment that seemed to have no humorous aspects. Ben said that he had been unaware of this. Others immediately recognized that this was the behavior that made them perceive Ben as looking down on them and, therefore, arrogant. The pattern, thus, was as follows. When someone made a statement of which he was unsure, Ben felt insecure. Ben's feelings of insecurity expressed themselves in an explosive laugh. The other person perceived Ben as laughing at him; the other person felt put down and humiliated; the other expressed his feeling of humiliation by calling Ben arrogant. Note that Ben had no awareness of his own behavior, which was being misread until Joe accurately described what Ben was doing. Ben could then see that his laugh was a way of attempting to cope with his own feelings of insecurity.

To develop skill in describing behavior you must sharpen your observations of what actually did occur. You must force yourself to pay attention to what is observable and to hold yourself to pay attention to what is observable and to hold inferences in abeyance. As you practice this you find that many of your conclusions about others are based less on observable evidence than on your own feelings of affection, insecurity, irritation, jealousy, or fear. For example, accusations that attribute undesirable motives to another are usually expressions of the speakers's negative feelings toward the other and not descriptions at all.

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